

Company: The General Automobile Insurance Company, Inc.
Ohio Automobile Insurance Application



POLICY NUMBER:	47-OH2112896							
POLICY PERIOD:	10/16/14 12:00 PM CDT - 10/16/15 12:01 AM CDT							
POLICY TERM:	12 MONTHS							
APPLICANT INFORMATION			PRODUCER INFORMATION					
Name	LA'KESHIA S COPELAND		Producer	THE GENERAL AUTO INS SVCS OH				
Address	1295 HONEYBEE DR DAYTON, OH 45417-9217		Address	PO BOX 305054 NASHVILLE, TN 37230-5054				
Primary Phone	(937) 672-3817		Phone	(800) 280-1466				
Alternate Phone	(614) 832-8093		Code	998878				
Email Address	LCOPELAND616@GMAIL.COM		Tier	P				
APPLICANT GARAGING ADDRESS (if different from mailing address)								
COVERAGE AND LIMITS OF LIABILITY Coverage applies only where premium is indicated. WARNING: The policy does not cover loss to equipment not installed by the vehicles original manufacturer unless coverage for equipment is listed below under Custom Equipment. Include value and description for each item.								
COVERAGE / LIMITS	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4	VEHICLE 5	VEHICLE 6		
Liability Bodily Injury – Property Damage Per Person / Per Accident \$25,000/\$50,000/\$25,000	\$1,722.00							
Uninsured / Underinsured Motorist Bodily Injury Per Person / Per Accident	No Coverage							
Uninsured Motorist Property Damage	No Coverage							
Medical Payments	No Coverage							
Rental Reimbursement	No Coverage							
Towing & Labor	No Coverage							
Comprehensive / Collision	Deductible	No Coverage						
	Premium	No Coverage						
Custom Equipment	Coverage Amt	No Coverage						
	Premium	No Coverage						
Premium Sub-Total (Per Vehicle)	\$1,722.00							
SELECTED PAYMENT PLAN			POLICY FEE		N/A			
\$164.13 DOWNPAY + 11 MONTHLY PAYMENTS YOUR FIRST INSTALLMENT OF \$163.47 IS DUE BEFORE 11/16/14. Visit our self service website at www.thegeneral.com/mypolicy			SR-22 FILING FEE		\$10.00			
			TOTAL				\$1,852.00	
			TOTAL DOWNPAYMENT				\$164.13	
			Fully earned installment fee included:				\$10.00	

THIS APPLICATION BECOMES PART OF YOUR INSURANCE POLICY

APPLICANT NAME: LA'KESHIA S COPELAND

POLICY NUMBER: 47-OH2112896

DRIVERS

Complete this section for all persons 14 or older living in your household and all other persons who use your vehicle on a regular basis.

	DRIVER NAME	DATE OF BIRTH	GENDER	MARITAL STATUS	RELATIONSHIP TO NAMED INSURED
1	LA'KESHIA S COPELAND	06/16/1987	FEMALE	SINGLE	NAMED INSURED
2					
3					
4					
5					
6					

	DRIVER LICENSE #	LICENSE STATUS	LICENSE STATE	SR-22	SOCIAL SECURITY #
1	SU772305	ACTIVE	OH	YES	XXX-XX-6405
2					
3					
4					
5					
6					

DRIVING HISTORY

Identify all incidents, accidents, license suspensions and expirations during the previous 35 months for all drivers (include out of state).

DRIVER #	DATE	DESCRIPTION	PTS
1	05/14/14	SUSPENDED, EXPIRED, OR REVOKED LICENSE	0
1	10/25/13	DRIVING WITH SUSPENDED/REVOKED LICENSE	5
1	02/07/13	DRIVING WITH SUSPENDED/REVOKED LICENSE	5
1	04/23/12	OPERATING VEHICLE WITHOUT A LICENSE	1
1	03/12/10	SUSPENDED, EXPIRED, OR REVOKED LICENSE	0

APPLICANT NAME: LA'KESHIA S COPELAND

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VEHICLES

VEH #	YEAR	MAKE / MODEL / STYLE	IDENTIFICATION # (VIN)
1	2006	BUICK LUCERNE CXL	1G4HD57216U221261
2			
3			
4			
5			
6			

VEH #	TERRITORY	VEHICLE USE	SYMBOL	PRIOR DAMAGE
1	6	PERSONAL	300490015015	NO
2				
3				
4				
5				
6				

LIEN HOLDER(S)

LH = Lien holder AI = Additional Interest

VEH #	NAME / MAILING ADDRESS	TYPE

DISCOUNTS / SURCHARGES

GENERAL QUESTIONS	NOTES AND SUPPLEMENTS – EXPLAIN ANSWERS
<p>1. Are any vehicles garaged outside the State for more than 60 days a year? <u>NO</u></p> <p>2. Are any vehicles owned by anyone other than a listed or excluded driver? <u>NO</u></p> <p>3. Are any listed vehicles used to conduct business, or to perform work or occupational requirements? <u>NO</u> Unacceptable business use for any listed vehicle includes but is not limited to:</p> <ul style="list-style-type: none"> • Operation by or transportation of clients or employees • Delivery of products or services • Titled in a company name or provided by an employer • Display of a company logo <p>4. Has the Applicant or Applicant's spouse been convicted of Insurance fraud/felony in the last 10 years, and/or employed in illegal enterprise/occupations? <u>NO</u></p> <p>5. Are all household residents age 14 and older, whether licensed or unlicensed, listed or excluded on this application? <u>YES</u></p> <p>6. Are all persons that may regularly or occasionally drive a vehicle listed or excluded on this application? (Example: military, college students, etc.) <u>YES</u></p> <p>7. Do you or any driver own any other motor vehicles not insured by the Company? <u>NO</u></p>	<p>THIS APPLICATION INCLUDES THE PURCHASE OF THE FOLLOWING PRODUCT(S) PROVIDED BY NATION SAFE DRIVERS (NSD): MOTOR CLUB. THE FEES FOR THE NSD PRODUCT(S) WILL BE AUTOMATICALLY INCLUDED IN YOUR INSTALLMENT BILL.</p>

DOUBLE DEDUCTIBLE OPTION			
<p>I understand and agree that my premium has been reduced because I have selected an option to double my comprehensive and collision deductibles. I understand that the amounts shown on this application and policy declarations page will be doubled for the first 45 days of the policy period. This option applies to all vehicles listed on the application where comprehensive and collision coverage has been selected and is not available to any vehicle added after inception of the policy. I also understand that this provision will not apply to any future renewals of my policy.</p>			
<table> <tr> <td>APPLICANT SIGNATURE</td> <td> <div>NOT APPLICABLE</div> </td> <td>DATE _____</td> </tr> </table>	APPLICANT SIGNATURE	<div>NOT APPLICABLE</div>	DATE _____
APPLICANT SIGNATURE	<div>NOT APPLICABLE</div>	DATE _____	

DRIVER EXCLUSION

EXCLUDED DRIVER	DATE OF BIRTH	GENDER	RELATIONSHIP TO NAMED INSURED

"We" agree with "you" that such insurance as is afforded by the policy shall not apply with respect to any automobile or its use while such automobile is in the care, custody, or control of; or is being operated by any individual designated above.

APPLICANT SIGNATURE

NOT APPLICABLE

DATE _____

SPOUSE'S SIGNATURE
(IF EXCLUDED)

NOT APPLICABLE

DATE _____



AUTHORIZATION FOR AUTOMATIC BANK DRAFT OR DEBIT / CREDIT CARD PAYMENT

I, the above named customer, hereby authorize the Company to originate charges to my bank account or debit / credit card for all payments related to this application for insurance, endorsements or renewal of the same. Either party may terminate this authorization and payment method at any time upon written notice.

APPLICANT SIGNATURE

NOT APPLICABLE

DATE _____



RESTRICTED POLICY AMENDATORY ENDORSEMENT – Do not sign if Base Policy coverage is requested

I understand and agree that only those persons specifically named on this application, declarations or endorsements of this policy as insured drivers will be covered under this policy. I also understand and agree that an insured driver giving permission to any other person (not listed as insured by this policy) to operate any vehicle, does not extend coverage under this policy to such a person.

APPLICANT SIGNATURE

NOT APPLICABLE

DATE _____

RESTRICTED POLICY AMENDATORY ENDORSEMENT 2 – Do not sign if Base Policy coverage is requested

(Applicable to Comprehensive and Collision coverage)

I understand and agree that my premium has been reduced because I am purchasing an endorsement to the policy that excludes comprehensive and collision coverage when my vehicle is operated by anyone other than those persons specifically named on this application, declarations or endorsement to this policy as insured drivers. I also understand and agree that an insured driver giving permission to any other person (not listed as insured by this policy) to operate any vehicle, does not extend comprehensive or collision coverage under this policy to such a person.

APPLICANT SIGNATURE

NOT APPLICABLE

DATE _____



ACKNOWLEDGEMENT AND REJECTION OF UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

I acknowledge that Uninsured Motorist Property Damage coverage has been made available to me. I voluntarily and knowingly choose to reject Uninsured Motorist Property Damage coverage.

APPLICANT SIGNATURE

NOT APPLICABLE

DATE _____

WARNING - OHIO REVISED CODE SECTION 3999.21

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

APPLICANT STATEMENT - READ BEFORE SIGNING

I hereby apply for a policy of insurance as set forth on this application on the basis of the information I have provided in this application. I have read this application in its entirety and represent that the statements and answers on this application are true and complete. I agree that any policy issued from this application shall be null and void from inception if any of these answers are false, incomplete, or given with the intent to deceive; or if a payment presented to the Company is not honored by the bank upon which it is drawn.

- I state that all persons age 14 or over, whether licensed or unlicensed, who are members of my household, are listed on this application. In addition, I state that all persons operating any vehicle listed in this application on a regular or occasional basis are listed on this application. I also understand and agree that I will promptly notify the Company of any driver changes or any change in residency for any driver that occurs during the policy period.
- I certify that all vehicles listed on this policy with an indication of "Personal" in the "Vehicle Use" box are used solely for pleasure. It is my duty to notify the Company if any of these vehicles may later be used for business.

I acknowledge that cancellation at my request will be calculated on a short-rate basis, including non-payment of premium and/or fees. I certify that no accident otherwise insurable under the policy requested has occurred on the date of this application. I understand the Company may order consumer reports or personal or privileged information concerning credit, personal characteristics, driving record, or loss history in connection with this application for a premium quotation or policy. It is not the Company's policy to disclose this information except as permitted or required by law. Upon request, the Company will provide the name and address of the consumer-reporting agency that furnished any of this information. Upon request, the Company will provide more detailed information regarding the collection, use, and disclosure of personal information and the rights to access and correct such information. I acknowledge that losses and damages incurred prior to the receipt of down payment of the premium will not be covered under the policy. I understand failing to provide information or providing false information in this application or in the course of any claim may result in this policy being null and void and/or a denial of coverage. I agree that transactions with the Company in connection with this application and any policy issued in connection herewith may be conducted wholly or in part by electronic means pursuant to the Ohio Uniform Electronic Transactions Act. I understand and agree that I am responsible for paying any applicable fees or charges, and that failure to pay any fees or charges may result in policy cancellation. I understand that this application forms part of the policy and of any subsequent renewal of the policy.

APPLICANT SIGNATURE **X**

ELECTRONIC SIGNATURE ACCEPTED

DATE 10/16/14 12:00 PM CDT

LA'KESHIA S COPELAND

X THE GENERAL AUTO INS SVCS OH

10/16/14 12:00 PM CDT

SIGNATURE OF COMPANY APPROVED AGENT

DATE