

**California Personal Auto
Agent and Applicant Statement**

Financial Indemnity Company
P.O. Box 223687
Dallas, TX 75222-3687
888-342-6595

NOTE: The Agent/Broker can only be changed at renewal. If the policy has already renewed or if there are fewer than 30 days until the renewal inception date, the change of broker will not be processed until the following renewal.

The new Broker of Record must obtain new signatures on coverage rejections and waivers, if applicable. This includes, but is not limited to, coverage rejections and driver exclusions. If these forms are not obtained, excluded drivers and coverages will be added to the policy.

These forms are available on the website.

Applicant Information:

Name Insured: _____

Address: _____

Phone Number: _____

Email Address: _____

Agent/Broker Information:

Agent/Broker Code: _____

Agent/Broker: _____

Address: _____

Phone Number: _____

Email Address: _____

Policy Information:

Effective Date: _____ Time: _____

Expiration Date: _____ Time: _____

Policy Number: _____

Broker's/Agent's Statement

I certify to the best of my knowledge that all information contained herein is correct, and that the statements herein are those of the applicant who has completed and signed this application in my presence. I am legally qualified to submit this application on behalf of the applicant.

Broker's/Agent's signature: _____ Date: _____ Time: _____

Applicant's Statement

1 -- Does any operator have any medical, nervous, mental, or physical conditions which would impair his or her ability to safely operate a vehicle in any way (including seizures, convulsions, blackouts, loss of consciousness, fainting, etc.)? If yes, please explain in the comments section below. Yes No

2 -- Will any vehicle be used for any business or delivery purposes including, but not limited to making sales calls, driving to job sites, pizza, telephone directory or newspaper delivery? If yes, please explain in the comments section below. Yes No

3 -- Have all residents of your household age 16 and older been listed on this application? If no, please explain in the comments section below. Use the comment section to list all household members. Yes No

4 -- Have all drivers who may operate your vehicles on a regular or infrequent basis, including children Yes No

away from home, been listed on this application? If no, please explain in the comments section below.

5 -- Do you understand that acceptable proof for all applicable discounts must be provided and that each driver must qualify for these discounts to be awarded when your policy is issued by the Company (lapses in coverage may be verified)? Yes No

6 -- I understand that any non-factory installed special equipment, which has not been declared on the application with a premium charge, is not covered. Initials

7 -- Are any of the drivers in your household a Registered Domestic Partner? If yes, then answer question (8), if no, you may skip question (8). Yes No

8 -- Was a Declaration of Domestic Partnership filed with the Secretary of State? Yes No

9 -- I understand that this product does not provide Comprehensive or Collision Coverage for a vehicle that I have rented for pleasure use. Initials

I understand that failure to truthfully and accurately complete this application, including the above questions jeopardizes my insurance coverage.

I am applying to the Company, (Financial Indemnity Company—Kemper Specialty) for an insurance policy based on the statements contained in this application. I agree that such policy may be voided, rescinded or canceled and any claim denied, if such information is false or misleading whether by direct statements or omission of facts, if it materially affects the acceptance of the risk by the Company. I understand a routine inquiry may be made to provide applicable information concerning character, general reputation, personal characteristics, and mode of living, including claims history and credit history through a consumer reporting agency, credit agency or insurance support group. Upon written request, additional information as to the nature and scope of this report, if one is made, will be provided to you. We may also use this information for any renewal or continuation of a policy.

I hereby grant the Company permission to order a motor vehicle report from the State for me and all operators for which coverage may be afforded under this policy. I agree that the Company has my permission to charge the correct rates and if the correct premium is not paid, I understand that my policy will be canceled for non-payment of premium based on the correct premium developed. I understand that coverage created by this application will become null and void, if my financial institution does not honor the check or other remittance presented to initiate the policy. I certify that all operators of my vehicles(s) have been reported to the Company. I agree to notify the Company of and add all new drivers in the household within 30 days of a driver becoming a resident of the household and/or, within 30 days of the household resident becoming a licensed driver. I understand that failure to add all regular & frequent drivers and all drivers living in my household (including those temporarily living elsewhere) to the policy, prior to an accident, may reduce or eliminate coverage provided by this policy. I understand that in order to resolve a claim presented on my policy, the Company may need to disclose the limits of my policy, and I hereby grant the Company permission, after providing me with notice, to disclose the limits of my policy should disclosure of the limits be necessary to resolve a claim. I understand that a late fee will be charged if the Company does not receive my installment payment by the due date. I understand that vehicles imported to the U.S. that were not originally manufactured for distribution or sale in the U.S. are not acceptable for coverage.

IN AN EFFORT TO KEEP INSURANCE COSTS DOWN FOR OUR POLICYHOLDERS, THE COMPANY ACTIVELY INVESTIGATES AND PURSUES THE PROSECUTION OF PERSONS WHO COMMIT INSURANCE FRAUD. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO PENALTIES UNDER THE LAW.

All coverage selections in this application and any supplement(s) have been fully explained to me. I understand and acknowledge that the selection(s) will apply to all future renewals, re-instatements and/or changes of the policy issued, unless I notify the Company otherwise in writing. I further understand that acceptable proof of all applied discounts must be provided, to qualify for the discounts. I understand and agree that any non-factory installed special equipment, which has not been declared on the application with a premium charge shown, is not covered.

I understand that this application and all complete documents that are a part of the application, at the time and date of my signature below, becomes a part of and attaches to my insurance policy, once issued, as if it were physically attached.

THIS POLICY MAY REDUCE COVERAGE LIMITS THAT ARE PAID UNDER LIABILITY, UNINSURED AND UNDERINSURED MOTORIST COVERAGE TO \$15,000 PER PERSON, \$30,000 PER ACCIDENT FOR BODILY INJURY, AND \$5,000 FOR DAMAGE TO PROPERTY WHEN A DRIVER NOT LISTED ON THE POLICY IS ALLOWED TO USE A COVERED VEHICLE AND WHEN A COVERED VEHICLE IS USED IN A CRIME OR FOR RACING.

GENERALLY CRIME MAY INCLUDE, BUT IS NOT LIMITED TO, ILLEGAL TRADE OR TRANSPORTATION, DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE OF A SUBSTANCE, OR AN ACT CALCULATED TO ELUDE LAW ENFORCEMENT AND IS THE SUBJECT OF FELONY CHARGES. (see 'crime' definition in policy page 5)

I UNDERSTAND THAT IF I AM PURCHASING THE "S" POLICY, THERE IS A REDUCED NOTIFICATION PERIOD FOR ADDITIONAL AND REPLACEMENT VEHICLES. I ALSO UNDERSTAND THAT PART IV – CAR DAMAGE COVERAGE IS EXCLUDED FOR AN UNLISTED DRIVER WITH PERMISSION WHOSE LICENSE HAS BEEN SUSPENDED OR REVOKED, AN OPERATOR YOUNGER THAN THE AGE REQUIRED TO DRIVE, RESIDENTS OF MY HOUSEHOLD WHO ARE NOT LISTED ON THE DECLARATIONS AND REGULAR OPERATORS OF THE VEHICLE WHO ARE NOT LISTED ON THE DECLARATIONS.

(Be sure to review the policy for additional details)

Applicant's signature: _____ Date: _____ Time: _____

Comments / Explanations:

Acknowledgement that FINANCIAL INDEMNITY COMPANY offers Multiple Programs

My broker-agent has explained to me that Financial Indemnity Company offers insurance policies through two programs: the Family Car Policy and the "S" Policy. I understand that there are price and coverage differences and that the explanation below represents only some of the differences in the two programs' coverages and conditions. I understand that I should ask my broker-agent to explain any other differences in the two programs that might apply to my personal situation. I also understand that I should read my policy and endorsements for complete information on coverages. If there is a conflict between this acknowledgement and the policy, **the provisions of the policy shall prevail.**

Definitions

Your Insured Car – The Family Car Policy allows 30 days to notify us of an additional auto on the policy. Replacement autos have the same coverage as the vehicles it replaces. Additional vehicles will not have Car Damage unless all autos on the policy have that coverage.

The "S" Policy requires notification within 10 days for additional vehicles. You must notify us within 30 days of a replacement vehicle. The replacement vehicle will have the broadest coverage of the vehicle it replaces, however, in order for Car Damage coverage to apply, you must notify us within 10 days in order for that coverage to apply.

Crime - The Family Car Policy includes only felonies in the definition while the "S" Policy includes felonies and misdemeanors.

Liability Coverage

The Family Car Policy covers bail bonds payments of \$100 or less for violations or accidents causing bodily injury or property damage, and excludes coverage for bodily injury or property damage as a result of attempting to elude law enforcement.

Part III – Uninsured Motorist and Underinsured Motorist Coverage

The "S" Policy excludes Diminution of Value as a result of a loss.

Part IV – Car Damage Coverage

The "S" Policy excludes coverage when the insured vehicle is operated with permission by an unlisted driver whose license has been suspended or revoked, or is younger than the age required to be licensed to drive.

The "S" Policy excludes coverage for residents of your household or regular operators of the vehicle who are not listed on the declarations.

The "S" Policy excludes coverage to a rental vehicle if the rental company would not be allowed to recover from you pursuant to a rental agreement or state law.

The "S" Policy excludes Diminution of Value as a result of a loss.

By signing below, I acknowledge that the differences that are important to me in the coverages and premium for the Family Car Policy and the "S" Policy were explained to me fully by my broker-agent. I have been provided premium quotes for both the Family Car Policy and the "S" Policy and I have chosen the program indicated below.

___ Kemper Specialty "S" Policy

___ Kemper Specialty Classic-Family Car Policy

Applicant's Signature

Date

Time

Broker-Agent's Signature

Date

Time