APPLICATION FOR STATE FARM AUTOMOBILE INSURANCE

NEW [x] REINS. [ ] TRANS. [ ]

REGIONAL OFFICE USE

QUALIFYING POLICY NO.: 542 4194 F02-03
REPLACES POLICY NO.:

APPLICANT

NAME PLEASE PRINT — LAST NAME: [illegible] FIRST NAME: Christian MIDDLE NAME OR INITIAL:
VEH. HOUSEHOLD: 2 VEH. STATE FARM: 2 OTHER STATE FARM INSURANCE: FIRE [ ] LIFE [ ] HEALTH [ ]

MAILING ADDRESS — NUMBER AND STREET, RURAL ROUTE #: [illegible] CITY: [illegible] STATE: AZ ZIP CODE: 85283 IN CITY YES [x] NO [ ] TELEPHONE # [ ] H. [ ] B.: (602) 838-1847

RESIDENCE if other than mailing address — NUMBER AND STREET, RURAL ROUTE #: CITY: STATE: AZ ZIP CODE: X COUNTY: Maricopa TOWNSHIP:

EXACT LOCATION of residence, if no street number used:
FORMER ADDRESS if in community less than 6 months:

IS THE APPLICANT THE REGISTERED OWNER OF THE VEHICLE? YES [x] NO [ ] If NO. Who is?
NAME OF PRINCIPAL OPERATOR OF VEHICLE: Christian
HOW WILL VEHICLE BE USED? Pleasure

IF THIS VEHICLE IS NOT USED FOR COMMUTING, HOW DOES THE PRINCIPAL OPERATOR GET TO AND FROM WORK/SCHOOL? [ ] CAR POOL [ ] BUS [ ] WALK [ ] TRAIN [x] OTHER HOUSEHOLD VEHICLE [x] COMPANY CAR [ ] PRINCIPAL OPERATOR DOES NOT WORK OR ATTEND SCHOOL [ ] OTHER (Explain)

PRINCIPAL OPERATOR'S OCCUPATION: EMPLOYER: YEARS WITH THIS EMPLOYER: ADDRESS OF EMPLOYMENT:

ADDED VEHICLE ONLY

COMPLETE PINK SHADED AREAS BELOW IF THIS IS AN ADDED VEHICLE

WHY WAS THIS VEHICLE PURCHASED (OR IF NOT NEWLY PURCHASED, WHY IS INSURANCE NOW BEING APPLIED FOR)?
- [ ] NEW DRIVER IN HOUSEHOLD
- [ ] CHANGE IN EMPLOYMENT OR OCCUPATION
- [ ] REPLACED THIS VEHICLE, BUT UNABLE TO SELL IN 30 DAYS
- [x] OTHER (Explain): [illegible]

HOW MANY DRIVERS ARE IN THIS HOUSEHOLD? 1
WILL ADDITIONAL DRIVERS BE ADDED TO THIS HOUSEHOLD IN THE NEXT 12 MONTHS? [ ] Yes [x] No
IF YES, PROVIDE NAME AND BIRTHDATE

DOES THE ADDITION OF THIS VEHICLE AFFECT THE USE/CLASS OF OTHER HOUSEHOLD VEHICLES? [x] Yes [ ] No IF YES, COMPLETE BELOW

POLICY NUMBER	Driven To & From Work/School Avg. Weekly	ANNUAL MILEAGE	ODOMETER READING	CURRENT CLASS	NEW CLASS
QUALIFYING POLICY				3F0	303

DURING THE PAST 5 YEARS, HAVE YOU, THE APPLICANT OR ANY HOUSEHOLD MEMBER HAD AUTO INSURANCE CANCELED, BEEN REFUSED ISSUANCE OR RENEWAL OR RECEIVED NOTICE OF SUCH INTENT? [ ] Yes [x] No
IF YES, WAS IT WITHIN THE PAST YEAR? [ ] Yes [ ] No

DURING THE PAST 3 YEARS, HAVE YOU, THE APPLICANT, ANY HOUSEHOLD MEMBER, OR ANY REGULAR DRIVER:
A. HAD LICENSE TO DRIVE OR REGISTRATION SUSPENDED, REVOKED OR REFUSED? [ ] Yes [x] No
B. HAD AN ACCIDENT OR SUSTAINED A LOSS? [ ] Yes [x] No
C. BEEN FINED, CONVICTED OR FORFEITED BAIL FOR TRAFFIC VIOLATIONS? [ ] Yes [ ] No

DO YOU, THE APPLICANT, OR ANY DRIVER HAVE ANY PHYSICAL OR MENTAL ABNORMALITY OR ILLNESS? IF YES, EXPLAIN IN REMARKS. [ ] Yes [x] No

MOST RECENT LIABILITY CARRIER: S.F. COMPANY - EXPLAIN IF NONE
HOW LONG WITH THIS COMPANY? [ ] MOS. [ ] YRS.
POLICY NO.: 542 4194 F02-03
CURRENT EXPIRATION DATE MONTH-DAY-YEAR: 10/21/94

DRIVERS

LIST ALL DRIVERS (Use REMARKS for additional drivers)	% DRIV VEH 1	VEH 2	VEH 3	VEH 4	OCCUPATION	MARITAL STATUS S M D W SP WC
1 PRINCIPAL OPERATOR	100				PRINCIPAL OPERATOR	
2						
3						
4						

IF THIS IS AN ADDED VEHICLE, COMPLETE AREA BELOW FOR NEW DRIVERS ONLY

DRIVER'S LICENSE NO./STATE	BIRTHDATE MO. DAY YR.	LICENSED 3 YEARS Yes / If No, Give Date Issued	SEX M F	RELATIONSHIP TO PRINCIPAL OPER.
Not a new driver				PRINCIPAL OPERATOR
See				
S.F.		Records		–

VIOL./ACC.

DRIV. #	CHECK (✓) VIOL.	ACC.	DATE MO./YR.	NATURE OF VIOLATIONS OR DETAILS OF ACCIDENTS DURING THE PAST 3 YEARS (Damages, injuries or deaths, and how accident occurred)	CHARGEABLE NO	YES-AMT. DAMAGES
			See	S.F. Records		

VEH.

YEAR: 91 MAKE AND MODEL-RATING GROUP DESCRIPTION (SEE IRG SECTION): Toyota [illegible] VEHICLE IDENTIFICATION NO.: JT2[illegible]

MO/DAY/YR PURCH.: 10/12/94 Existing damage or modified: NO [x] YES
B-Body G-Glass M-Misc. B 01 02 03 04 05 06 07 08 09 10 11 12 13 14 00 G 03 06 09 12 See diagram on reverse M Explain In REMARKS
COST PRICE NEW (Motor Homes & Cust. Veh. Only) $ EST. VALUE (Classic, Antique & Old Cars Only) $ Mounted Camper Cost New $ [ ] HIGH PERF. VEH. Motorcycles Actual C.C. [ ] Turbo [ ] Side Car

LEASED YES [ ] NO [x] If Leased, give lessor Code Number or Name & Address in Remarks. LIEN CODE: LIENHOLDER: MAILING ADDRESS: ZIP CODE:

RATE

TERR. NO.: 04 DRIVEN TO & FROM WORK/SCHOOL AVG. WEEKLY: 0 ANNUAL MILEAGE: 8000 ODOMETER READING: [illegible]
BUS USE YES [ ] NO [x] FARM USE ONLY YES [ ] NO [x] UTILITY VEH. IF YES, describe below [ ] YES [x] NO MULTI-CAR DISC. YES [x] NO [ ] DRIV. TRN. YES [ ] NO [x] G.S. DISC. YES [ ] NO [x] CHILD AT SCH. YES [ ] NO [x] Standard Risk Discount [x] YES [ ] NO Passive Restraint Discount %

COMMENTS ON USE/ITEMS HAULED BY UTILITY VEH. (PICKUP, PANEL OR VAN)
IRG: 033 CLASS: 1B3

COVERAGES

THE INSURANCE APPLIED FOR IS ONLY FOR THE COVERAGES INDICATED BY SPECIFIC PREMIUM ENTRY. IF PREMIUM CANNOT BE ENTERED, CHECK BOXES TO INDICATE COVERAGE REQUESTED. THE PREMIUM SHOWN BELOW MUST BE IN COMPLIANCE WITH THE COMPANY'S RULES AND RATES AND IS SUBJECT TO REVISION

		MEMB.	PREMIUM
BIPD LIMITS	25/50 D5	A	202.95
MED. PAY. LIMITS	Declined	C XX	[illegible]
COMPREHENSIVE	[ ] FULL [ ] OTHER [ ] $ DED. WITH FULL GLASS COVERAGE	D	151.65
DEDUCTIBLE COLLISION	DEDUCTIBLE AMOUNT 500	G	78.45
TOTAL BASE PREMIUM			
RATING FACTOR (%)			
BASE X FACTOR TOTAL			
EMERGENCY ROAD SERVICE	Declined	H XX	
CAR RENTAL/TRAVEL EXPENSES		R1	

AD & D [S, Z]

FULL NAME OF PERSONS TO BE INSURED ONLY RESIDENT RELATIVES ARE ELIGIBLE	S Amount	Z

Is each person named for Coverage Z regularly employed? [ ] YES [ ] NO

DATE AND TIME OF APPLICATION MONTH: 10 DAY: 12 YEAR: 94 [ ] AM [ ] PM
VEHICLE INSPECTED BY: [illegible] INITIALS OF INSPECTOR
POLICY BOOKLET DELIVERED TO APPLICANT DATE:

AGENT'S CODE STAMP: J. GARRETT 1535 HOLLOWAY 06

BINDER EFFECTIVE DATE: 10-12-94

UNINSURED MOTOR VEH.	☐ SAME AS BI	OTHER	U	XX	
UNDERINS. MOTOR VEH.	☐ SAME AS BI	OTHER	W	XX	
AUTO DEATH INDEMNITY SPECIFIC DISABILITY	COMPLETE AD & D (S, Z) SECTION		S		
LOSS OF EARNINGS			Z	XX	
SPECIAL EQUIPMENT COVERAGE BUYBACK (CB, TAPE PLAYER, ETC.)	$200 OR LESS ☐	OVER $200 ☐			
ENDORSEMENTS					
PREMIUM SHOWN IS FOR 6 MOS. UNLESS OTHERWISE INDICATED		OTHER		TOTALS	

MPP ACCOUNT NO.	REMITTANCE RECEIVED	BALANCE DUE
	$ 99.96	$

☐ **STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**
☒ **STATE FARM FIRE AND CASUALTY COMPANY**

of Bloomington, Illinois, hereby binds as of the requested effective date for a period of 30 days from such date, the Insurance applied for, subject to all of the terms and conditions of the automobile policy and applicable endorsements in current use by such Company. The issuance by the Company of the Declarations page of the policy applied for voids this binder.

AGENT'S SIGNATURE X

I apply for the insurance indicated and state that (1) I have read this application, (2) my statements on this application are correct, (3) statements made on any other applications on this date for automobile insurance with this company are correct and are made part of this application, (4) I am the sole owner of the described vehicle except as otherwise stated, and (5) the limits and coverages were selected by me. **IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS EFFECTIVE UNDER THIS AGREEMENT (A) UNLESS THE BINDER IS COMPLETED DESIGNATING THE COMPANY ACCEPTING THIS APPLICATION AND SIGNED BY AN AUTHORIZED AGENT OF SUCH COMPANY OR (B) UNTIL THE DATE THE POLICY OR BINDER IS ISSUED BY THE COMPANY ACCEPTING THIS APPLICATION.**

APPLICANT'S SIGNATURE X

REMARKS

AG-4069 AZ.23 Rev. 6-93

SEE IMPORTANT MESSAGE ON OTHER SIDE

APPLICANT'S COPY

months. The discount does not apply on renewal if you previously did not qualify for it and there has been a chargeable accident in the past three years.

SURCHARGES - Chargeable accidents will result in a surcharge. Chargeable accidents are those which resulted in bodily injury, death, or damage to any property in the amount of $400 or more. The surcharge for each accident depends on your prior record and will apply for up to three years.

An additional surcharge applies if all operators combined have had three or more minor driving citations and/or chargeable accidents or a major violation during the past three years.

Note: State Farm Mutual Automobile Insurance and State Farm Fire and Casualty Companies -

Surcharges will be removed if satisfactory evidence is furnished that the driver involved is no longer a member of the household or will not be driving the car in the future. If that driver is insured on another State Farm policy, his or her driving record will be considered in the rating of the other policy.

These discounts and surcharges do not apply to all coverages. Complete details of these programs are available from your State Farm agent.

NOTICE REGARDING PERSONAL, FAMILY, OR HOUSEHOLD INSURANCE TRANSACTIONS

We often collect personal information from persons other than the individual or individuals applying for coverage. Such personal information may, in certain circumstances, be disclosed to third parties without your authorization.

If you would like additional information concerning the collection and disclosure of personal information - and your right to see and correct any personal information in your files - it will be furnished upon request.