



1. Other Than Collision	Deductible options	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> _____
2. Collision	Deductible options	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> _____
3. Bodily Injury	Limit Options	<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 300/500	<input type="checkbox"/> _____
4. Property Damage	Limit Options	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> _____
5. Medical Payments	Limit Options	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> _____
6. Personal Injury Protection	Limit Options	<input type="checkbox"/> 10,000 (No deductible applies)			
7. Uninsured/Underinsured Motorists Bodily Injury	Limit Options	<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 300/500	<input type="checkbox"/> _____
8. Uninsured Motorists Property Damage	Limit Options	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> _____
9. Towing and Labor		<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> Reasonable
10. Personal Effects (ACV)	Amount \$	_____			
11. Replacement Cost Pers. Effects (Must equal PE ACV if selected)	Amount \$	_____			
12. Emergency Expense		<input type="checkbox"/> 500	<input type="checkbox"/> 750		
13. Mexico Coverage					
14. Settlement Option	<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Replacement Cost			
15. Accidental Death & Dismemberment					
16. Trailer	Value \$	_____			
17. Diminishing Deductible	Deductible Options	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> _____
18. Full Timer	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300/500	<input type="checkbox"/> _____	
19. Vacation Liability	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	
20. Outstanding Principal Loan Balance					

DISCOUNTS	SURCHARGES
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Anti-Theft					Passive Restraint		Accidents & Violations										Total Discount/Surcharge %		
<input type="checkbox"/> Alarm Only -5%	<input type="checkbox"/> Passive -20%	<input type="checkbox"/> Active -5%	<input type="checkbox"/> VIN -15%	<input type="checkbox"/> Veh. Recvy -15%	<input type="checkbox"/> Drv. Side Only -20%	<input type="checkbox"/> Drv. & Pass. -30%	<input type="checkbox"/> Acc. Prev. Crse -5%	<input type="checkbox"/> Anti-Lock Brake -5%	<input type="checkbox"/> 3 Viol. 20%	<input type="checkbox"/> 1 Acc. 50%	<input type="checkbox"/> 2 Acc. 150%	<input type="checkbox"/> Joint Owner 50%	<input type="checkbox"/> Bus. Use Light 50%	<input type="checkbox"/> Pers. Rental 100%	<input type="checkbox"/> Inexperienced Operator 10%	<input type="checkbox"/> Unit <21 ft. 35%	<input type="checkbox"/> Full Timer/Primary Residence 50%	<input type="checkbox"/> Youthful Operator 65%	

BINDER	DIRECT BILL INFORMATION
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<input type="checkbox"/> COVERAGE IS BOUND    AGENT INITIAL _____  IS ATTACHED (AMOUNT TO BE NOT LESS THAN 25% OF ANNUAL PREMIUM OR \$50, WHICHEVER IS MORE.) _____	<input type="checkbox"/> FULL PAY (100% DOWN) <input type="checkbox"/> 4 PAY (25% DOWN) <input type="checkbox"/> CREDIT CARD (Attach Supplemental Form)    AMOUNT INCLUDED _____ <input type="checkbox"/> EZPay (Attach Supplemental Form)    \$ _____
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**INSURANCE FRAUD NOTIFICATION** - You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading material information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages.

**Notice to Applicant:** We may make an investigation into your insurability, including securing a motor vehicle report for all persons listed on this application and, if applicable, information as to character, reputation, mode of living and credit history. Information may be obtained through personal interviews with friends, neighbors or others with whom you are acquainted. If an investigation is made it will be handled in the strictest confidence. Information as to the nature and scope of any investigation will be provided to you if you make a written request.

**Insured's Statement:** I declare that all of the statements contained in this application are true and complete. I hereby apply to the Company for an insurance policy as set forth in this application based on these statements. I understand that if any information is false or misleading or would materially affect acceptance of the risk by the Company, the policy will be null and void and claims denied. I understand that the policy will be void from inception if I pay my initial premium by check, and the check is not honored when presented for payment. A service charge of \$10.00 will be assessed if any check offered in payment is not honored by the bank.

I understand that the coverage as specified in this application will not apply to a travel trailer I own while the travel trailer is used in business or rented, leased or loaned for a charge to any organization, or any person other than me, unless Business Use coverage or Personal Rental coverage is indicated on the Declarations and an additional premium is paid.

**BINDER PROVISIONS:** If coverage is bound, the insurance afforded by this binder is subject to all provisions of the policy form as used in the state where the risk is located. This binder expires at 12:01 am on the 31st day after the effective date or (1) immediately on notification of cancellation by the named insured or the Company, or (2) on its effective date if replaced by a policy with the same effective date as the binder. If this binder is not replaced by a policy, the appropriate premium will be charged, but not less than \$50.00. See agency contract for special binding authority.

Signature of Applicant _____	Date _____	Time _____
Signature of Agent _____	Date _____	Time _____



Policy Number: \_\_\_\_\_

## OREGON SELECTION OF LOWER LIMIT OF LIABILITY FOR UNINSURED MOTORISTS COVERAGE

Oregon Insurance Laws (ORS 742.502) permits you, the insured named in the policy, to select a limit of liability for Uninsured Motorists Coverage lower than the limit for Bodily Injury Liability Coverage in the policy. Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Uninsured Motorists Coverage includes underinsured motorists coverage. Underinsured motorists coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

**Comparison of prices for coverage:**

\$ \_\_\_\_\_ is the price per vehicle for Uninsured Motorists Coverage at a limit equal to the bodily injury liability limit under the policy issued or to be issued.

\$ \_\_\_\_\_ is the price per vehicle for Uninsured Motorists Coverage with a lower limit for Uninsured Motorists Coverage, which I, a named insured, have requested.

I, a named insured, elect a lower limit of liability for Uninsured Motorists Coverage provided under the policy than the limit for Bodily Injury Liability Coverage. I acknowledge that I was offered Uninsured Motorists Coverage at a limit equal to that for Bodily Injury Liability Coverage.

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

**Signature and date** (PLEASE NOTE: a named insured must sign and date this statement within 60 days of the time a named insured elects lower limits.)

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date of Signature



Policy Number: \_\_\_\_\_

## DRIVER EXCLUSION ENDORSEMENT - OREGON

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On the basis of driving record, you agree that any of the following coverages afforded by this policy:

- Liability Coverage, except while the insured vehicle is being operated on a military base or reservation;
- Medical Payments Coverage,
- Comprehensive, and
- Collision,

shall not apply to:

- any vehicle described in this policy;
- or any other vehicle to which coverage by this policy may be extended;

while such vehicle(s) is(are) being:

- used,
- driven,
- operated,
- manipulated by, or
- under the care, custody or control,

with or without permission, by the person named below:

**NAME OF EXCLUDED DRIVER**

**RELATIONSHIP TO INSURED**

However, the interests of any lienholder(s) will be protected in the event of a loss by Collision or Other Than Collision.

All other terms and conditions of this policy remain unchanged.

The Named Insured attests to acceptance of this endorsement by his(her) signature.

\_\_\_\_\_  
Signature/Acceptance of Named Insured

\_\_\_\_\_  
Date