

APPLICANT'S SIGNATURE

I hereby declare that the statements contained herein are true to the best of my knowledge and belief and do hereby agree to pay any surcharges applicable under Company rules which are necessitated by inaccurate statements. I agree that my policy will be canceled if my payment is not honored by the Bank.

I hereby declare that no persons, other than those listed on the front of this application, regularly operate the vehicle(s) described on this application. I understand that this policy may be canceled if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

I understand that a service charge of \$20.00 will be assessed to the balance due to my policy if any check offered in payment is not honored by my bank. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree that if I pay my initial premium by check, the coverage afforded by this policy is conditioned on the check being honored by the bank when presented for payment. If the check is not honored, Company shall be deemed not to have accepted the check, and this policy shall be canceled.

I understand that I will be charged a cancellation fee if the policy is canceled for any reason within the first 6 months of the original inception of the policy. The fee is in addition to any premium Company has earned for the coverage provided by this policy and may be deducted from any refund due to me.

I understand that any outstanding balance for a previous Country-Wide policy will be deducted from the down-payment for this policy.

Note: In connection with your request for a premium quotation:

- (1) we may obtain consumer reports or personal or privileged information from third parties;
- (2) in certain circumstances, such information, as well as other personal privileged information subsequently collected by us, may be disclosed to third parties without your authorization, but it is not our practice to do so;
- (3) you have the right to access and correct all personal information collected; and
- (4) at your request we will: (a) confirm whether a consumer report was requested and, if so, provide the name and address of the consumer reporting agency that furnished it; and (b) provide you more detailed information regarding our collection, use, and disclosure of personal information, and rights to access and correct such information.

NEW YORK STATE INSURANCE DEPARTMENT - REGULATION 95

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

X _____ Date: _____
Signature of Insured-Applicant

I understand and have agreed to the limits of coverage within my automobile insurance policy, as well as the coverages applicable to the policy.

X _____ Date: _____
Signature of Insured-Applicant

The undersigned hereby warrants and certifies that the information contained herein is correct to the best of his/her knowledge; that this application was completed and then signed by the insured-applicant; that a completed copy hereof has been given to the insured-applicant; and that the undersigned has a duplicate signed copy hereof.

X _____ Date: _____
Signature of Insured-Applicant

APPLICANT QUESTIONNAIRE

PLEASE HAVE THE APPLICANT COMPLETE THIS SECTION AND INITIAL EACH RESPONSE.

1. Have all the residents of your household been disclosed on this application? Including all residents age 16 and over; exempt drivers; children away from home or in college and who drive your vehicle on a regular and frequent basis?

__ Yes __ No __ Initial

If no, please explain _____

2. Are any of your vehicles used for delivery purposes, such as pizza, food, mail, newspaper or any other commercial business use (such as sales or marketing calls)?

__ Yes __ No __ Initial

If yes, please explain the business use _____

3. Are there other vehicles in your household not listed on this application? If yes, please give

_____ Vehicle _____ Driver _____ Carrier

__ Yes __ No __ Initial

EXPLANATIONS: _____

INSTRUCTIONS IN CASE OF ACCIDENT OR LOSS

1. Obtain full names, addresses, phone numbers, and license numbers of all persons involved and all witnesses.
2. Do not admit liability or discuss the accident with anyone except police or company representative.
3. Call Country-Wide Management Services directly at (212)344-8700