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**Arkansas Automobile
Insurance Application**
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY
PRIVATE PASSENGER AUTOMOBILE

PRODUCER NAME AND ADDRESS

APPLICANT INFORMATION				Prior Carrier					Policy Number					Expiration Date			
Named Insured						Applicant Employer & Occupation						Spouse Employer & Occupation					
Address						City				State		Zip		County			
Policy		MO	DAY	YR	TIME		Term		Social Security Number		Day/Work Telephone		Home Telephone				
Period From					AT: :		Six Months		- - -		() -		() -		-		

DRIVER INFORMATION: LIST ALL HOUSEHOLD MEMBERS 14 AND OLDER

Name of Person Exactly As shown on Driver's License				Relation To Insured	Age	Date of Birth			Sex	Marital Status	Driver's License Number	ST	Auto #	Driver Class	Exclude	SR- 22	
						Mo	Day	Year									
1)				SELF													
2)																	
3)																	
4)																	

LIST ALL TRAFFIC VIOLATIONS AND ACCIDENTS IN PAST 36 MO. FOR ALL DRIVERS AND ANY OTHER APPLICABLE LOSSES

Name of Person	Date	Violation, Accident, Losses	PTS	Name of Person	Date	Violation, Accident, Losses	PTS

Auto	Year	Make	Model	VIN	Garaging address	City	Zip	Symbol	Usage
1)									
2)									
3)									
4)									

LIENHOLDER	1)
AND ADDRESS	2)
	3)
	4)

DESIRED COVERAGE

These coverages apply to all units										DISCOUNTS APPLIED FOR											
										Proof of eligibility must accompany application											
						Unit #1	Unit #2	Unit #3	Unit #4	Homeowner	Yes		No								
Liability BI		per person/per accident	\$	\$	\$	\$				Prior Coverage	Yes		No								
Liability PD			\$	\$	\$	\$				Scholastic Honor	Yes		No								
Uninsured BI		per person/per accident	\$	\$	\$	\$				Senior Driver	Yes		No								
Uninsured PD		\$200 Deductible	\$	\$	\$	\$				Paid in Full	Yes		No								
Underinsured BI		per person/per accident	\$	\$	\$	\$				Multi-Car	Yes		No								
Medical & Hospital			\$	\$	\$	\$				Advanced Quote	Yes		No								
Accidental Death			\$	\$	\$	\$				3 Yrs Violation Free	Yes		No								
Income Disability			\$	\$	\$	\$				EFT Pay Plan	Yes		No								
These coverages apply to each unit individually										Rates effective:											
										Tier:											
Collision	Ded	Unit 1	Unit 2	Unit 3	Unit 4	\$	\$	\$	\$	Payment Plan:											
Other than Collision	Ded					\$	\$	\$	\$	Down Payment:											
Rental						\$	\$	\$	\$	Monthly Payment:											
Towing & Labor						\$	\$	\$	\$	Credit Verif #:											
OTC/Coll Deductible applies to Loan/Lease and Custom Equipment										A \$6 Late Fee will be added to all late payments											
Loan/Lease										\$	\$	\$	\$	A \$6 Late Fee will be added to all late payments							
Custom Equipment \$ _____ Amount										\$	\$	\$	\$								
(list of equipment must be provided to be covered)										TOTALS	\$	\$	\$	\$	\$						
															SR - 22 Fee	\$					
															Policy Fee	\$					
															Total	\$					

APPLICANT QUESTIONNAIRE

- 1 Are you and all listed drivers residents of a state other than Arkansas?
2 Are there any residents or vehicles of your household that have not been disclosed on this application?
3 Are any vehicles garaged at a different location than the policy address?
4 Is there any unrepaired damage or glass breakage to any vehicle(s)?
5 Are any vehicle(s) customized? (If yes, there is no coverage unless requested)
6 Are any of the vehicles listed on the application owned by someone other than the Named Insured and/or Spouse?
7 Are any of the vehicles listed used in business?
8 Have there been any claims filed over the last 3 years?
9 Does any driver have physical impairments?
Explain all "Yes" responses to above questions.
10 Do you understand that we do not cover losses if your vehicle is being operated by an undisclosed driver in your household?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

EXPLANATIONS: _____

X _____
Signature of Applicant or Insured - Must be of Majority Age

____/____/____
Date

EXCLUSION OF UNLISTED HOUSEHOLD MEMBERS OR FREQUENT OPERATORS

It is agreed that all coverages afforded by this policy shall not apply to any loss or damage arising from any accident which occurs while the automobile is being driven, operated, manipulated, maintained, received or used in any other manner by an unlisted driver who resides in the same household as the name insured or is a regular or frequent operator of any vehicle insured under this policy. This exclusion shall apply whether or not the named insured is occupying the vehicle at the time the unlisted driver is using it in any manner whatsoever. Nothing contained in this provision shall vary, waive, alter or extend any other term or conditions of the policy. This provision shall supersede any policy provisions to the contrary and shall take effect simultaneous with such policy. The named insured accepts this provision and confirms the acceptance as witness signature.

Signature of Insured _____ Date ____/____/____ Agent Signature _____

PERSONAL INJURY COVERAGE SELECTION OR REJECTION

Arkansas law requires that all automobile liability policies issued or delivered in this state shall afford No-Fault Personal Injury Coverage in amount not less than the statutory limits listed below, unless the insured shall reject such coverage. I fully understand that my policy when issued or renewed/rewritten will not provide any of the coverages which I have elected not to purchase. I also understand that upon written request, I may have any of the No-Fault coverages added to my policy at any future date.

☐ I hereby reject \$5000 Medical & Hospital Benefits ☐ I hereby reject Statutory Income Disability Benefits. ☐ I hereby reject \$5000 Accidental Death Benefit.

X _____
Signature of Applicant or Insured - Must be of Majority Age Date _____ Agent Signature _____

UNINSURED MOTORIST COVERAGE SELECTION OR REJECTION

Arkansas law requires that all automobile liability policies issued or delivered in this state shall afford Uninsured Motorist Coverage unless the insured shall reject such coverage. Every insured purchasing Uninsured Motorist Bodily Injury Coverage shall be provided an opportunity to include Uninsured Motorist Property Damage

Coverage in amounts up to the automobile liability limits on their policy. I have made the following choice(s):

- ☐ I hereby reject Uninsured Motorists Bodily Injury and Property Damage Coverage in its entirety; or
☐ I hereby reject Uninsured Motorists Property Damage Coverages in its entirety.

Applicable if applicant has selected liability coverage in greater limits than the minimum required for financial responsibility:

☐ I hereby select Uninsured Motorists Bodily Injury Coverage limits of ____/____/____
(amount cannot be greater than selected liability limits)

X _____
Signature of Applicant or Insured - Must be of Majority Age Date _____ Agent Signature _____

UNDERINSURED MOTORIST COVERAGE SELECTION OR REJECTION

On policies with Uninsured Motorist Coverage, Arkansas law requires that automobile liability policies issued or delivered shall afford Underinsured Motorist Coverage unless the insured shall reject such coverage. I hereby reject Underinsured Motorist Coverage in its entirety.

X _____
Signature of Applicant or Insured - Must be of Majority Age Date _____ Agent Signature _____

**Arkansas Automobile
Insurance Application**
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

NAMED DRIVER EXCLUSION

Residents in your household of driving age who are not rated on this policy must be excluded in consideration of the premium charged for the policy to which this provision applies. It is agreed that the insurance afforded by this policy shall not apply with respect to any claim which occurs due to the ownership, operation, maintenance or use of any vehicle(s) to which the terms of the policy are extended, either with or without the permission of the named insured while being operated by:

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

The named insured further agrees that the Company shall not be liable and no liability or obligation of any kind shall attach to the Company for any negligence which may be imputed by law to the named insured arising out of the maintenance, operation or use of a motor vehicle by the person named above. Nothing contained in this provision shall vary, waive, alter or extend any other terms or condition of the policy. This provision shall supersede any policy provisions to the contrary and shall take effect simultaneously with such policy. The named insured accepts this provision and confirms the acceptance as witness signature.

X _____ Date ____/____/____
Signature of Insured Agent Signature

PERMIT OPERATORS

Name of Person Exactly As shown on Driver's Permit	Relation To Insured	Age	Date of Birth			Sex	Marital Status	Driver's Permit Number	ST
			Mo	Day	Year				
1)									
2)									
3)									

AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION REPORT(S)

I/We hereby authorize the Company to obtain TRAFFIC VIOLATION REPORTS for each of the DRIVERS named on the front of the application for this policy. I/We understand that a TRAFFIC VIOLATION REPORT is a record of TRAFFIC VIOLATIONS and/or ACCIDENTS maintained on drivers by the OFFICE OF DRIVERS SERVICES, REVENUE DIVISION, DEPARTMENT OF FINANCE AND ADMINISTRATION, STATE OF ARKANSAS.

X _____
Signature of Applicant or Insured - Must be of Majority Age Date Agent Signature

APPLICANT'S STATEMENT-READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. **I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by Company.** I understand a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I agree that the insurance company has my permission to charge the correct rates and if correct premium is not paid, I understand that the policy will be cancelled for non-payment of premium based on the correct premium developed. I certify that all operators of my vehicle have been reported to the Company. I further agree that if my down payment or full payment check is returned by the bank because of non-sufficient funds, coverage will be null and void from inception. I also certify that all persons ages 14 or over who live with me have been reported to the Company. I have reported any business or commercial use of my vehicle to the Company. I also certify that my principal residence/place of vehicle garaging is in ARKANSAS.

X _____ Date ____/____/____ Time: _____ M.
Signature of Applicant

AGENT'S STATEMENT I the undersigned agent, hereby warrant and certify, to the best of my knowledge: that all information contained on this application is correct and that it was completed and signed by the above applicant/insured; that a copy of the application has been given to the applicant/insured; and that I am retaining a completed copy. I further certify that I have inspected the insured's vehicle(s), including safety glass and plastic, and indicated any and all damage.

X _____ Date ____/____/____ Time: _____ M.
Agent Signature