



InsureScan MGA LLC
PO Box 3005
Auburn, AL 36831

Old American County Mutual Fire
Insurance Company
Served by: InsureScan MGA LLC

Name of Applicant:		Quote Number:	
Phone:		Agency Name:	
Email:		Agency Address:	
Garaging Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Effective Date:	Policy will be effective the later of the time of initial payment or 12:01 am and continue until 12:01 am of the Expiration Date unless cancelled or otherwise terminated.		
Expiration Date:			

DRIVER(S)

List applicant and all members of the Applicant's household over the age of 14 years, and all regular and frequent users of any listed auto.								
Dr#	Name	Date of Birth (mm/dd/yyyy)	Gender (M/F)	Married (Yes/No)	Driver License #	State	Student / Occupation	FR Filing (Yes/No)
1								☐ YES ☐ NO
Applicant warrants that there are no other drivers other than those listed above.								
Any driver whose driver's license is suspended or does not have a valid driver's license must be excluded.								

ACCIDENTS & VIOLATIONS

List all accidents and traffic violations during the last 3 years for each driver.				
Dr#	Description	Date	Fault	Points
1			☐ YES ☐ NO	

NAMED DRIVER EXCLUSION — FORM 515A

I/We hereby request and agree to exclude the following driver(s) from all coverages under this policy:	
Name	Date Of Birth
I/We understand and agree that none of the insurance coverages afforded by this policy shall apply while the above-named excluded driver is operating the covered auto or any other motor vehicle.	
I/We further understand that this exclusion also serves as a rejection of Uninsured/Underinsured Motorists (UM/UIM) Coverage and Personal Injury Protection (PIP) Coverage while the covered auto or any other motor vehicle is operated by the excluded driver.	
I/We acknowledge that this exclusion will apply to all renewals of this policy issued by the company or any affiliated insurer, and that a notice stating "This policy contains a named driver exclusion" will be provided with each renewal.	
Signature of Applicant: _____ Date: _____	



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LISTED COVERED AUTOMOBILE(S)

Veh#	Year	Make	Model	Vehicle Identification #
1				

LOSS PAYEE INFORMATION

Veh#	Loss Payee	Address	City / State / Zip
1			

COVERAGE SUMMARY

Coverages*		Limit	Premiums			
			Veh. 1	Veh. 2	Veh. 3	Veh. 4
Liability Coverage	Bodily Injury	Each Person Each Accident	\$	\$	\$	\$
	Property Damage	\$ Each Accident	\$	\$	\$	\$
Uninsured / Underinsured Motorists Coverage	Bodily Injury	Each Person Each Accident	\$	\$	\$	\$
	Property Damage	\$ Each Accident	\$	\$	\$	\$
Personal Injury Protection		\$ Each Accident	\$	\$	\$	\$
Medical Payments		\$ Each Accident	\$	\$	\$	\$
Collision (ACV Less Deductible)		Deductible Premium	\$ \$	\$ \$	\$ \$	\$ \$
Comprehensive (ACV Less Deductible)		Deductible Premium	\$ \$	\$ \$	\$ \$	\$ \$
Rental Reimbursement		Per Day / Maximum Premium	\$ \$	\$ \$	\$ \$	\$ \$
Towing and Labor		Per Disablement Premium	\$ \$	\$ \$	\$ \$	\$ \$
Sub Total			\$	\$	\$	\$
Policy Fees and SR-22 fees are fully earned upon submission of this application to the Company.			Policy Fee		\$	
			SR22 Fee		\$	
			MVCPA Fee		\$	
			Installment Fee		\$	
			Policy Total		\$	



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REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

It is hereby understood and agreed that in accordance with the provisions of Sections 1952.101 through 1952.110 of the Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amounts up to the automobile liability coverage limits I have purchased on this policy, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice:

☐ I hereby reject Uninsured/Underinsured Motorists Property Damage Coverage; or

☐ I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety

The rejection indicated above shall apply to this policy and to all future renewals of such policy and all future policies issued to me by this Company because of changes in vehicles or coverage, or because of an interruption of coverage, until I notify the company in writing that I wish to purchase the Uninsured/Underinsured Motorists Coverage or any part of it that I previously rejected.

Signature of Applicant: _____ Date: _____

PERSONAL INJURY PROTECTION REJECTION

I understand and hereby reject the Personal Injury Protection Coverage as provided for by Section 1952.151 through 1952.161 of the Texas Insurance Code. I understand that this rejection also applies to all future renewals of my automobile insurance policy. I also understand that I may have this coverage added to my policy at any future date.

Signature of Applicant: _____ Date: _____

NON-BUSINESS USE WARNING

I hereby state that I **do not** use my Vehicle for any business or commercial purpose. No vehicles accepted for delivery or commercial use of any type. Business use includes, but is not limited to transporting persons, equipment or tools of the trade to or from a job site or using a vehicle while engaged in any business or occupation, including but not limited to: construction, courier or delivery services, landscaping, painting, carpentry, masonry, food services, janitorial services, or any other trade-type (Incidental business use such as commuting to and from work or running an errand are acceptable).

If you engage in any business use of your covered vehicle, there will be no coverage, both under part A (liability coverage) & part D (physical damage coverage).

Signature of Applicant: _____ Date: _____

DISCOUNTS/SURCHARGES

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Underwriting Questions	Response
Does the applicant have collision coverage on the automobile(s) described with another company?	☐ YES ☐ NO
Is any auto used to make regular and frequent trips beyond a 50-mile radius?	☐ YES ☐ NO
Check if the applicant or any other operator of the automobile has ever had: ☐ EPILEPSY ☐ STROKE ☐ HEART ATTACK ☐ DIABETES ☐ LOSS OF LIMB ☐ LOSS OF EYE ☐ CEREBRAL PALSY ☐ MENTAL ILLNESS DIAGNOSED	

I represent that the statements and information provided in this Application are true, complete, and accurate. I further understand that any false, misleading, or incomplete information that materially affects the acceptance of the risk, premium charged, or coverage provided may result in denial of coverage or rescission of the policy, except as otherwise required by law. I further understand that if the initial payment is returned for insufficient funds, coverage may be voided in accordance with applicable law.

I authorize the Company to obtain and use Motor Vehicle Reports and other consumer reports for underwriting, rating, and renewal purposes for all drivers listed on this Application. I understand these reports may include information regarding driving history, accidents, personal characteristics, and general reputation. Upon written request, information regarding the nature and scope of such reports will be provided as required by law.

If information contained in any report differs from the information provided in this application, I authorize the Company to adjust the premium and policy terms effective as of the application date.

Signature of Applicant: _____ Date: _____

The undersigned hereby warrants and certifies that he/she had no knowledge of any false information contained herein; and the statements herein are those of the Applicant who has signed this Application in my presence.

Signature of Applicant: _____ Date: _____