



**AUTOMOBILE INSURANCE APPLICATION**

The insurance afforded is only with respect to such as so many of the following coverages as are indicated by specific premium charges. The limit of the Company's liability against such Coverage shall be as stated herein, subject to all of the terms of this policy having reference hereto

Policy Period Effective		From	12:01am	To:	12:01am	Guam Standard Time	
Name of Insured				Social Security No.		Agent Code	
Mailing Address				Home Address			
Date of Birth		Driver's License No.		Email		Lienholder (Name of mortgagee if any)	
Telephone No. (Home)		Telephone No. (Work)		Address of Lienholder			
Occupation (If Military give Branch and Rank)			List Names(s) of any Co-owner(s) of Autotmobile (Other than Lienholder)				

**VEHICLE DESCRIPTION** (For additional vehicles please use Supplemental Form)

Model/Yr.	Trade Name	VIN No. Engine No.	Body Type	No. Cyl.	New or Used	License Plate	Mileage	Present Value

Please check car accessories attached. Specify others not indicated. If not factory installed, indicate Actual Cash Value.

Radio    
  Air Conditioner    
  Louvers    
  Mag Wheels    
  Stereo & Accessories    
  Other \_\_\_\_\_  
 \$ \_\_\_\_\_    
 \$ \_\_\_\_\_    
 \$ \_\_\_\_\_    
 \$ \_\_\_\_\_    
 \$ \_\_\_\_\_    
 \$ \_\_\_\_\_

**Note: These equipment will only be covered if declared in this application**

What is the principal use of the vehicle?  Pleasure or Non-Business  Business Purposes  Others Specify \_\_\_\_\_

The geographical use of this vehicle is Guam. If otherwise, specify: \_\_\_\_\_

List of All Drivers of Auto	Relationship To Applicant	Date of Birth	Marital Status	Occupation	Length of Time Driving	Driver's License No. & State	If Driver % of Use

**Statement of Insured** (any "yes" answers must be fully explained in the space provided for "Remarks")

**Has Anyone Who Will Drive The Insured Vehicle...** Yes No

1. Had automobile insurance declined, canceled or renewal refused?		
2. Had his/her driver's license or permit revoked, suspended or restricted?		
3. Had a moving violation within the last three years or been convicted of driving under the influence of alcohol or harmful drugs?		
4. Had an accident (as a driver) within the last three years?		
5. Had or continued to have a physical or mental deficiency or impairment?		
6. Please give name and policy number of previous insurance company:		

**REMARKS:**

Coverages	Limits of Liability	Ded	Base Premium	Business Surcharge	NCB %	MCD 10%	GSD A/B - 15% D/E - 10%	Driver Training 5%	Fleet Disc.	Total Disc.	Final Premium
A- Bodily Injury	\$ Ea. Person \$ Ea. Accident										
B- Property Damage	\$ Ea. Accident										
C- Medical Payments	\$ Ea. Person										
D- Comprehensive	\$										
Typhoon	\$										
E- Collision	\$										
Uninsured Motorist	\$ Ea. Person \$ Ea. Accident										
Uninsured Motorist	\$ Ea. Person \$ Ea. Accident										
Personal Accident											
Loss of use											
Towing Service	Per Breakdown										

**IMPORTANT:** This is an Actual Cash Value Policy.  
Actual Cash Value = Replacement Cost Less Depreciation

Total Premium
2% Assessment Fee
<b>Total Amount Due</b>

**READ BEFORE SIGNING:** I hereby warrant the truth of the above Statements, and I declare that I have not withheld any information whatsoever which might tend in any way to influence the acceptance of this Application. I also warrant that my automobile will be operated only by persons holding valid driver's licenses. Specifically I agree to advise the Company in writing if the age of the youngest male driver will be other than as stated herein. I understand that any false statement by me will constitute a breach of warranty and cause the Policy to be void. I agree that this Application shall be the basis of the Policy between me and the Company. It is further agreed that unless prior arrangements are made, any proceeds of claim on my property may be withheld until premiums for this Policy are paid in full.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Signature of Authorized Representative \_\_\_\_\_



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Name of Insured			Social Security No.	Agent Code	
Mailing Address			Home Address		
Date of Birth	Driver's License No.		Lienholder (Name of mortgagee if any)		
Telephone No. (Home)	Telephone No. (Work)		Address of Lienholder		
Occupation (If Military give Branch and Rank)		List Names(s) of any Co-owner(s) of Autotmobile (Other than Lienholder)			

**VEHICLE DESCRIPTION** (For additional vehicles please use Supplemental Form)

Model/Yr.	Trade Name	VIN No. Motor No.	Body Type	No. Cyl.	New or Used	Date Purchased		Present Value
						Mo.	Yr.	

Please check car accessories attached. Specify others not indicated. If not factory installed, indicate Actual Cash Value.

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  Air Conditioner    
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Has Anyone Who Will Drive The Insured Vehicle...	Yes	No
1. Had automobile insurance declined, canceled or renewal refused?		
2. Had his/her driver's license or permit revoked, suspended or restricted?		
3. Had a moving violation within the last three years or been convicted of driving under the influence of alcohol or harmful drugs?		
4. Had an accident (as a driver) within the last three years?		
5. Had or continued to have a physical or mental deficiency or impairment?		
6. Please give name and policy number of previous insurance company:		
7. Please give estimate of annual mileage of insured vehicle(s):		

**REMARKS:** \_\_\_\_\_

Coverage	Limits of Liability	Ded	Base Premium	Business Surcharge	NCB %	MCD %	GSD A/B - 15% D/E - 10%	Driver Training 5%	Fleet Disc.	Total Disc.	Final Premium
A- Bodily Injury	\$ @Person \$ @Accident										
B- Property Damage	\$ @Accident										
C- Medical Payments	\$ @Person										
D- Comprehensive	\$										
Typhoon	\$										
E- Collision	\$										
A- Bodily Injury	\$ @Person \$ @Accident										

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Signature of Applicant

Date

Time

Signature of Authorized Representative



**BUSINESS USE:** Private cars classified as Business Use shall be subject to a 30% surcharge to be applied to the private car rates. Business Use shall include any private car titled in the name of:

- A. A partnership, corporation or any other business organization. Actual or intended use of the vehicle shall not cause it to be classified differently.
- B. An individual or husband or wife who are residents of the same household and
  - 1. Which is frequently and/or regularly required by, or customarily used in, the occupation, profession or employment of the insured or any other person operating the vehicle, or
  - 2. For which the insured or operator receives from his/her employer reimbursement, stipend, or other tangible compensation in consideration for the use of the insured vehicle in the course of employment.

**PRINCIPAL OPERATOR:** A person who holds a valid driver's license to drive an automobile and who regularly or customarily drives the vehicle.

**OCCASIONAL DRIVER:** A person who is not classified as a principal operator and his operation of vehicle is occasional incidental and unpredictable but he can usually be expected to operate the vehicle during policy year.

**DRIVERS CLASSIFICATION**

1. Adults, not otherwise classified and Unmarried Female age 21 and over	1.00
___ 2. Unmarried Female under age 21	1.45
___ 3. Married Male under age 21	1.55
___ 4. Married Male age 21 to 24 and Unmarried Male not Owner or Not Principal Operator age 21 to 24	1.10
___ 5. Unmarried Male not Owner or not Principal Operator under age 21	1.75
___ 6. Unmarried Male Owner or Principal Operator under age 21	2.25
___ 7. Unmarried Male Owner or Principal Operator age 21 to 24	1.60
___ 8. Unmarried Male Owner or Principal Operator age 25 to 29	1.50

**TEN DAY BINDER**

The Insurance Company accepting this risk acknowledges itself bound by the terms, conditions and limitations of the policy of insurance in current use by the Insurance Company in the country or countries shown and for the coverages specifically indicated as of the effective date and hour specified. The Insured accepts this Binder under such terms, conditions and limitations. Unless previously canceled, as hereinafter provided, the Binder shall terminate at 12:00 o'clock noon on the tenth day following the day on which this Binder takes effect or at the time and date the Insured accepts a policy with this Company in place hereof, which ever occurs earlier.

This Binder may be canceled at any time by the Insured or by the Broker or Agent who placed the risk by notice to the Insurance Company or by the surrender of this Binder stating when thereafter, but in any event within the ten day period of coverage, such cancellation shall be effective. This Binder may be canceled by the Insurance Company by notice to the Insured or the Broker or Agent who placed the risk stating when, not before 12:00 o'clock noon of the third business day following the date of mailing such cancellation shall be effective.

The premium for the policy of insurance issued in place hereof will be computed at the rates and in compliance with the rules of the Manual of Rates in use by the Insurance Company in the country or countries in which coverage applies or in which the Insured will reside, as may be provided for in the Manual, from the time this Binder was effective.

**THIS BINDER IS EFFECTIVE AS OF:**

Moylan's Insurance Underwriters, Inc.  
General Agent

\_\_\_\_\_ Date

By \_\_\_\_\_  
Authorized Representative

**PLACE OF ISSUE: GUAM**