

## **AUTOMOBILE INSURANCE APPLICATION**

The insurance afforded is only with respect to such and 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	Fron	n:			12:01a	n To:					12:0	11am	Guam S	Standa	rd Time
Name of Insured											Social Se	curity N	No.	,	Agent Code
Mailing Address						Н	me Ad	dress		<u> </u>					<del>-</del>
Date of Birth Driver's License No.						Er	Email Lienholder (Name of Mortgagee if any)								
Telephone No.(Home)  Telephone No.(Work)					Ac	Address of Lienholder									
Occupation (If Military Give Branch & Rank)			1	List Na	ame(s) of a	any Co-owner(s) of Automobile (Other than Lienholder)									
VEHICLE DESCRIF	PTION (For	additiona	l vehicles p	lease	use Supp	lement	al Form	1)							
Model / Yr.	Yr. Trade Name		VIN No. Engine No.				Body Type No. New Cyl. or Used		New or Used	License Plate Mileage		e P	resent Valu		
Please Radio \$	_	onditioner		ivers		] Mag- \$	Wheels	<b>3</b>	☐ S	tereo & Ac	cessorie: —	; <u> </u>	ash Value Other_ \$	e.	-
What is the principal use	e of the vehic	le?	] Pleasure	or Nor	n-Business	; [	] Busin	ess Pu	urpose	s [	Others	Specify	/		
The geographical use of	f this vehicle	is Guam.	If otherwise	e, spec	cify:								-		
List of All Drivers of Auto Relationship to Applicant						Od	Occupation			Length of Time Driving		Driver's License No. & State			
											i				
				$\dashv$											<del></del>
<ol> <li>Had automobile</li> <li>Had his/her drive</li> <li>Had a moving viunder the influer</li> <li>Had an accident</li> <li>Had or continue</li> <li>Please give name</li> </ol>	er's license iolation wit nce of alco t (as a driv d to have a	e or perr hin the land or ha er) withing a physic	mit revoke ast three armful dro n the last al or men	yearsugs? three	uspende s or bee e years? eficiency	d or r	estrict victed	of dr							
Coverages	Lim	Limits of Liability		Ded	Base Premiu		siness charge		MCD 10%	GSD A/B - 15% D/E - 10%	Driver Trainin 5%	_	Total Disc.		Final emium
	\$		a. Person							D/L - 107	0 3/0				
	\$ \$		<ul><li>a. Accident</li><li>a. Accident</li></ul>			╫			<del>                                     </del>		<del>-</del>	+-	+		<u> </u>
C- Medical Payments	\$	Ea	a. Person												
	\$ \$	<u> </u>				+						+-	+-+		
E- Collision	\$										1				
Uninsured Motorist	\$ \$		a. Person a. Accident												
	\$	Ea	a. Person			<del>-  </del>	-						1		
Loss of use	\$	E	a. Accident	-	-	-					-		-		
Towing Service	Per Breakdo	own		1		<del>-   -</del>							1 1		
IMPORTANT: This is an Actual Cash Value Policy. Actual Cash Value = Replacement Cost Less Depreciation  Total Premium  2% Assessment Fee  Total Amount Due															
READ BEFORE SIGNIN might tend in any way to driver's licenses. Special understand that any fals basis of the Policy between the withheld until property of Signature of	to influence infically I agresse statement veen me and emiums for to	the accep e to advis by me wi I the Com	tance of th se the Con ill constitute pany. It is t	is App npany e a bre further	olication. I in writing each of wa agreed th	also w if the arrantv	varrant i age of and ca	that m f the nuse th	ny auto younge he Poli angeme	I have not mobile will est male co	withheld I be opei Iriver will oid. I agre ade, any	any in ated or be oth ee that procee	formation nly by pe er than this Appl eds of cla	rsons as sta lication aim on	holding val ted herein. shall be th

FORM FNIA 0001 (3-00)



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	Rate Modifer
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 th lr

ne Manual of Rates in use by the Insurance Comp nsured will reside, as may be provided for in the Man	any in the country or countries in which coverage applies or in which the mual, from the time this Binder was effective.
THIS BINDER IS EFFECTIVE AS OF:	
	Moylan's Insurance Underwriters, Inc., General Agent
Date	achoral Agont
PLACE OF ISSUE: GUAM	Ву
	Authorized Representative