PRIVATE PASSENGER/MOTORCYCLE APPLICATION
OHIO AUTOMOBILE INSURANCE PLAN

IMPORTANT: THIS APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE.
FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY RESULT IN INELIGIBILITY OR CANCELLATION.

SECTION 1. PRODUCER OF RECORD

Producer Last Name/Agency Name	Producer First Name	MI

Mailing Address	City	State	Zip Code

Street Address (if different from Mailing Address)	City	State	Zip Code

Tax ID or Social Security No.	Producer License No.	Telephone No. (incl. area code)	Fax No. (incl. area code)	Producer's Email Address

SECTION 2. APPLICANT

Last Name	First Name	MI

Home Telephone No.	Business Telephone No.	Applicant's Email Address

Street Address (must be included)	City	County	State	Zip Code

SECTION 3. OPERATOR INFORMATION

List all operators in household and any other drivers.

Applicant's former addresses (past 3 years)

Street Address	City	State	Zip Code

Applicant and Other Drivers	Relationship to Applicant	% Use of Vehicle No. 1	No. 2	No. 3	No. 4	Birth Date Mo./Day/Yr.	Sex M/F	*MS	Driver's License No.	State	Licensed 3 Years? If No, give date issued
APPLICANT	APPLICANT										☐ Yes ☐ No_____
											☐ Yes ☐ No_____
											☐ Yes ☐ No_____
											☐ Yes ☐ No_____

*MS Marital Status: S-Single, M-Married, W-Widowed, D-Divorced, P-Separated

Applicant's Occupation	Nature of Business	Employer's Name

Employer's Street Address	City	State	Zip Code

STATEMENT OF THE PRODUCER OF RECORD

I do hereby certify that I am a licensed broker, agent in the State of Ohio. I have read the Ohio Automobile Insurance Plan, have explained the provisions to the applicant, and have included in this application all required information given to me by the applicant. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return the unearned portion of such premium.

Producer's Signature: _____

ATTACHMENTS

- ☐ Copy of vehicle registration
- ☐ Copy of all operator's licenses
- ☐ Deposit

 NOTE: For items where space is insufficient, use Remarks Section.

SECTION 4. VEHICLE 1 – VEHICLE INFORMATION AND VEHICLE USE

Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight

Vehicle Identification No.	Registered Owner's Last Name	First Name

Purchased (Mo. Yr.)	☐ New ☐ Used	Cost	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No	Damaged Glass* ☐ Yes ☐ No	* If yes, explain in Remarks Section

☐ Loss Payee ☐ Lessor	Name	Street Address	City	State	Zip Code

☐ Pleasure ☐ Business ☐ Work/School ☐ Farm	Principal Address of Garaging	Garaged ☐ Yes ☐ No	Miles one way to work, school or transportation	Estimated Annual Mileage

Applicant address as it appears on registration, if different from Section 2.	State Registered In	Territory	Rate Class	Penalty Points	Symbols		Model Year/ Age Group
					Comp.	Coll.	

SECTION 4. VEHICLE 2 – VEHICLE INFORMATION AND VEHICLE USE

Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight

Vehicle Identification No.	Registered Owner's Last Name	First Name

Purchased (Mo. Yr.)	☐ New ☐ Used	Cost	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No	Damaged Glass* ☐ Yes ☐ No	* If yes, explain in Remarks Section

☐ Loss Payee ☐ Lessor	Name	Street Address	City	State	Zip Code

☐ Pleasure ☐ Business ☐ Work/School ☐ Farm	Principal Address of Garaging	Garaged ☐ Yes ☐ No	Miles one way to work, school or transportation	Estimated Annual Mileage

Applicant address as it appears on registration, if different from Section 2.	State Registered In	Territory	Rate Class	Penalty Points	Symbols		Model Year/ Age Group
					Comp.	Coll.	

SECTION 4. VEHICLE 3 – VEHICLE INFORMATION AND VEHICLE USE

Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight

Vehicle Identification No.	Registered Owner's Last Name	First Name

Purchased (Mo. Yr.)	☐ New ☐ Used	Cost	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No	Damaged Glass* ☐ Yes ☐ No	* If yes, explain in Remarks Section

☐ Loss Payee ☐ Lessor	Name	Street Address	City	State	Zip Code

☐ Pleasure ☐ Business ☐ Work/School ☐ Farm	Principal Address of Garaging	Garaged ☐ Yes ☐ No	Miles one way to work, school or transportation	Estimated Annual Mileage

Applicant address as it appears on registration, if different from Section 2.	State Registered In	Territory	Rate Class	Penalty Points	Symbols		Model Year/ Age Group
					Comp.	Coll.	

SECTION 4. VEHICLE 4 – VEHICLE INFORMATION AND VEHICLE USE

Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight

Vehicle Identification No.	Registered Owner's Last Name	First Name

Purchased (Mo. Yr.)	☐ New ☐ Used	Cost	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No	Damaged Glass* ☐ Yes ☐ No	* If yes, explain in Remarks Section

☐ Loss Payee ☐ Lessor	Name	Street Address	City	State	Zip Code

☐ Pleasure ☐ Business ☐ Work/School ☐ Farm	Principal Address of Garaging	Garaged ☐ Yes ☐ No	Miles one way to work, school or transportation	Estimated Annual Mileage

 NOTE: For items where space is insufficient, use Remarks Section.

Applicant address as it appears on registration, if different from Section 2.	State Registered In	Territory	Rate Class	Penalty Points	Symbols		Model Year/ Age Group
					Comp.	Coll.	

SECTION 5. COVERAGES As provided by the Rules of the Plan.				
Same limits of liability must be purchased for all vehicles Check appropriate box for coverage	Vehicle 1 Estimated Premiums	Vehicle 2 Estimated Premiums	Vehicle 3 Estimated Premiums	Vehicle 4 Estimated Premiums
Bodily Injury Liability ☐ $25,000/50,000 ☐ $50,000/100,000 ☐ $100,000/300,000				
Property Damage Liability ☐ $25,000 ☐ $50,000				
Medical Payments Coverage ☐ $500 ☐ $1,000 ☐ $2000				
Physical Damage – Comprehensive Must be purchased in conjunction with liability coverage, or in conjunction with collision coverage. Comprehensive only coverage is not available. Deductible $100 $250 $500 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____				
Physical Damage – Collision Must be purchased in conjunction with comprehensive coverage. Deductible $100 $250 $500 $1,000 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____				
Protection Against Uninsured Motorist and Underinsured Motorist Coverage: ☐ I accept Uninsured Motorist with Underinsured Motorist Coverage at limits equivalent to auto liability coverage. ☐ I accept Uninsured Motorist with Underinsured Motorist Coverage at limits lower than auto liability coverage (indicate limits below). ☐ $25,000/50,000 ☐ $50,000/100,000 ☐$100,000/$300,000 ☐ I reject Uninsured and Underinsured Motorist Coverage in its entirety.				
Extended Nonowned Auto – if requested, complete Section 12.				
Estimated Premium per vehicle	$	$	$	$
Total Estimated Premium for vehicles 1 - 4	$			

SECTION 6. PAYMENT PLANS

- ☐ Option 1 – Full Premium Payment Option
- ☐ Option 2 – Advanced Premium Payment Option (submit 30% of annual premium as a deposit, balance due in 30 days)
- ☐ Option 3 – Installment Premium Payment Option* (submit 25% of annual premium as a deposit; five monthly installments of 15% on second through sixth month from effective date). A $4 installment fee applies to and all installments.

Payment by: ☐ Certified Check ☐ Cashier's Check ☐ Producer's Check ☐ Money Order	Check/Draft No.
Total Estimated Premium	$
Amount Submitted with Application	$

SECTION 7. INSURANCE RECORD Has applicant had insurance in the past? ☐ No ☐ Yes If "Yes," complete the following.

Name and address of latest carrier	Policy No.	Termination Date

Was coverage through Plan? ☐ Yes ☐ No	Was 3 year assignment completed? ☐ Yes ☐ No	If "No," give reason terminated.

Are any other vehicles owned by any member of household? ☐ Yes ☐ No	If "Yes", give name of insurer. Attach policy declaration page.	Policy No.

 NOTE: For items where space is insufficient, use Remarks Section.

SECTION 8. ACCIDENTS

Has applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? ☐ Yes ☐ No If "Yes," complete the following. (If necessary, use Remarks Section.)

Name of Operator	Accident Date	Place of Accident		Bodily Injury	Death	Property Damage (including your own)	Penalty Points	Accident Code*
		City/Town	State					
				$	☐ Yes ☐ No	$		
				$	☐ Yes ☐ No	$		
				$	☐ Yes ☐ No	$		
				$	☐ Yes ☐ No	$		

*** Accident Codes**

1. Applicant's motor vehicle lawfully parked.
2. Damaged by "Hit-and-Run" driver and accident report to policy within 24 hours from time of accident.
3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.
4. Other person involved in accident was convicted of a moving traffic violation.
5. Damage by contact with animals or fowl.

SECTION 9. CONVICTIONS

Motor Vehicle and Non-Motor Vehicle

Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? ☐ Yes ☐ No If "Yes," complete the following. If necessary, use Remarks Section.
NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction	Did Conviction Arise as a Result of an Accident?	Nature of Violation	Place of Conviction	
				City/Town	State
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			

SECTION 10. FINANCIAL RESPONSIBILITY

Complete if applicant or other eligible operator is required to file evidence of financial responsibility.

1. Name			Case or File No.
Relationship to Applicant	Resides with Applicant ☐ Yes ☐ No	State where Filing required	Reason for Filing

Type of Filing ☐ Owner's (to allow for operation of owned vehicles) ☐ Operator's (to allow for operation of non-owned vehicles) ☐ Both

Do you own any other vehicle? ☐ Yes ☐ No	If "Yes," give name of insurance company.	If "Yes," give policy number.

2. Name			Case or File No.
Relationship to Applicant	Resides with Applicant ☐ Yes ☐ No	State where Filing required	Reason for Filing

Type of Filing ☐ Owner's (to allow for operation of owned vehicles) ☐ Operator's (to allow for operation of non-owned vehicles) ☐ Both

Do you own any other vehicle? ☐ Yes ☐ No	If "Yes," give name of insurance company.	If "Yes," give policy number.

SECTION 11. NON-OWNER

Complete if application is for a non-owner policy.

A. Type of vehicle applicant will operate. ☐ Private Passenger ☐ Commercial ☐ Taxi /Bus ☐ Other (describe) _____
B. Vehicle will be operated in applicant's occupation or business ☐ Yes ☐ No
C. Is vehicle owned by a member of the household? ☐ Yes ☐ No
If answer to B or C is "Yes," give name of insurance company providing liability coverage. _____
Is applicant excluded? ☐ Yes ☐ No

SECTION 12. EXTENDED NONOWNED AUTO

The policy may be endorsed to provide this coverage to the named insured, spouse, if a resident of the same household, or resident individual provided a vehicle is furnished for regular use.

Name of individual to be covered _____

Is primary liability insurance in effect for the auto furnished for regular use? ☐ Yes ☐ No
Is the individual to be covered an employee of a garage? ☐ Yes ☐ No

 NOTE: For items where space is insufficient, use Remarks Section.

SECTION 13. U.S. MILITARY	Answer below if applicant or operator named in Section 3 is in Armed Forces.	
Complete Service Address including State and nearest City	Address where mail will always reach you even though you might be transferred	
	Name	Relationship
	Address, City, State, Zip Code	

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living. Upon the individual's written request, the insurer will disclose in writing the nature and scope of the investigation requested, if such a report is procured.

EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

This application having been completed and duly executed, shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified, subject to the following conditions.

1. Coverages under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45 day period coverages under this evidence of automobile insurance will terminate immediately upon: (a) The issuance of the policy applied for, (b) The issuance of any policy affording similar insurance, or (c) The cancellation of the coverages of insurance afforded hereunder in accordance with the rules of the Automobile Insurance Plan.
2. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured.
3. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the rules of the Ohio Automobile Insurance Plan

EFFECTIVE DATE:. Applicants will be subject to the effective date provisions specified in Section 7 of the Ohio Automobile Insurance Plan.

Requested Effective Date and Time (not to exceed 45 days from the date of the application):

Example: 4/01/2019 11:30 AM

My signature hereon represents certification of the Statement of the Producer of Record on the face of this application **AND** I certify this application is submitted pursuant to the effective date provisions contained in the Automobile Insurance Plan of this state

By:_____ **Date:** _____ **Hour:** _____ ☐ A.M. ☐ P.M.

(PRODUCER'S SIGNATURE)

APPLICANT'S STATEMENT

The Applicant declares and certifies that: (1) I have been refused automobile insurance by three non-related insurance companies in the 60 days preceding the date of application. (2) If written declination was received, attach copies. If no written declination was received, provide name of company, contact name and telephone number of each company.

Company Name **Contact Name** **Telephone Number**

1. _____
2. _____
3. _____

(3) To the best of my knowledge and belief that all statements contained in this application are true and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. **(4) I realize that any misleading information or failure to disclose information will not be considered good faith on my part and will prejudice my application for insurance.** (5) I hereby agree to pay all premiums when due. (6) I hereby certify that I do not owe any insurance company for automobile premiums due or contracted during the immediately preceding 12 months. (7) I designate as producer of record for this insurance the producer or firm named in this application and I understand he/ she is not acting as an agent of any Company for the purpose of this insurance.

PREMIUM DETERMINATION

I understand that the premium shown on this application is an estimated premium. The Company reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.

 NOTE: For items where space is insufficient, use Remarks Section.

By:_____ **Date:** _____ **Hour:** _____ ☐ A.M. ☐ P.M.
(APPLICANT'S SIGNATURE)

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received with 30 days, notify the Ohio Automobile Insurance Plan, 172 E. State St., Suite 201, Columbus, OH 43215-4321.

Send completed application with a certified or cashier's check, producer's check, or money order and required attachments to:
Ohio Automobile Insurance Plan
172 E. State St., Suite 201
Columbus, OH 43215-4321

FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

REMARKS SECTION

 NOTE: For items where space is insufficient, use Remarks Section.