

BROKERING AGENT'S REGISTER NUMBER # \_\_\_\_\_

<b>CARRIER: GRANADA INS. CO.</b>		<b>UNDERWRITER:</b>		<b>DATE:</b>	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		<b>TOTAL PREMIUM:</b>	

### APPLICANT INFORMATION

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
BUSINESS DESCRIPTION:			PHONE:		

### COVERAGE INFORMATION

COVERAGE	BODILY INJURY LIABILITY	PROPERTY DAMAGE LIABILITY	UNINSURED MOTORIST		MEDICAL PAYMENTS	COMPREHENSIVE	COLLISION
LIMITS	\$ Each Person		\$ Each Person		\$	Actual Cash Value Less	Actual Cash Value Less
	\$ Each Accident	\$ Each Accident	\$ Each Accident		\$ Each Accident	Deductible	Deductible
	_____ CSL \$ Each Accident						
COVERED AUTO SYMBOL	7	7	7		7	7	7
5 = ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE 7 = AUTOS SPECIFIED ON SCHEDULE OTHER:							

<b>Check box for vehicles with Comp. and Coll. coverage</b>										<input type="checkbox"/> Veh 1	<input type="checkbox"/> Veh 2	<input type="checkbox"/> Veh 3	<input type="checkbox"/> Veh 4
Vehicle Information										<input type="checkbox"/> Additional autos on supplement			
Veh #	Model Year	Make/Model/Body type		VIN Number	Cost New	Comm'l	Retail	Service	GVW	Terr			
1													
2													
3													
4													
Veh #	Loss Payee Name		Street Address / PO Box			City		State	ZIP				
1													
2													
3													
4													
Veh #	Additional Insured		Street Address / PO Box			City		State	ZIP				
1													
2													
3													
4													

**OPERATION INFORMATION**

List all Drivers, Employees, Spouses, and all persons over 15 residing with Applicant

Driver	Name (Exactly as on License)	Date of Birth	Driver's License Number	State of Lic.
1				
2				
3				
4				
5				
6				

	Yes	No
Any drivers with moving traffic violations?		
Are any vehicles customized, altered, or have special equipment?		
Have all operators been listed above?		
Does insured understand that there is no coverage for physical damage on non-factory installed equipment?		
Are any vehicles leased or rented to others?		
Are any vehicles used for towing or have a towing device?		
With the exception of encumbrances, are any vehicles not solely owned by/registered to the applicant?		

**PRIOR CARRIER INFORMATION**

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

**LOSS HISTORY**

Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years?  Yes  No  
 If yes, explain:

Personal information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is ( ) Bound effective \_\_\_\_\_(Time) \_\_\_\_\_(Date) ( ) Not Bound  
 I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SUPPLEMENTAL APPLICATION**

Name of Insured	Policy Number
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**UNINSURED MOTORIST OPTIONS**

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM.

**PLEASE READ CAREFULLY!!**

Uninsured Motorist Coverage provides for payment of certain benefits for damage caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your Damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorist entirely. Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy.

- a. I hereby reject Uninsured Motorist Coverage.
- b. I hereby select Uninsured Motorist limits of \_\_\_\_\_
- c. I hereby select Uninsured Motorist limits which are equal to my Bodily Injury Liability limits.

I understand and agree that selection of one of the above options applies to my insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

**READ BEFORE SIGNING**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

\* IF "C" IS CHOSEN, PLEASE DISREGARD FIRST PARAGRAPH.

ELECTION OF NON-STACKED COVERAGE: DO NOT COMPLETE IF REJECTING UNINSURED MOTORIST COVERAGE

\* DO NOT SIGN THIS ELECTION UNLESS YOU HAVE ELECTED NON-STACKED COVERAGE \*

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which you are named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

I HEREBY ELECT THE NON-STACKED FORM OF UNINSURED MOTORIST COVERAGE

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_