



Underwritten by Kemper Reciprocal

## ILLINOIS AUTOMOBILE APPLICATION

### POLICY INFORMATION

Term	Binder Date	Binder Time	Proposed Effective Date	Proposed Expiration Date	Billing Plan
Producer Number		Producer Name			Producer Phone #
Name of Applicant				Language	
Garage Street Address			Mailing Street Address		
Garage City			Mailing City		
Garage State, Zip			Mailing State, Zip		
Applicant's Phone #			Applicant's Employer		
Applicant's Mobile #			Applicant's Email		

### DRIVER INFORMATION

List all drivers and all residents of the household, regardless of age or license status.

Op#	Operator Name	License Number	State	DOB	Rel. to Appl.	Mar. Stat.	Sex	Occupation	SR22
1									
2									

### DRIVING RECORD

List all violations and accidents that occurred in the past 36 months. List all DUI's, suspensions, and revocations regardless of date.

Op #	Details	Date

### VEHICLE INFORMATION

If multiple vehicles are listed on this application, the listing or charging of separate premiums for each vehicle does not increase the coverage available. Stacking of coverage is not allowed under the policy for which you are applying.

Veh #	Vehicle Year – Make – Model	Vehicle Identification Number	Lienholder / Additional Interest
1			
2			

### COVERAGE INFORMATION

THE LIMIT(S) OF THE COMPANY'S LIABILITY ARE STATED BELOW FOR EACH COVERAGE SELECTED. THE ABSENCE OF A PREMIUM SHOWN FOR ANY COVERAGE MEANS THAT COVERAGE IS NOT PROVIDED UNDER THIS POLICY.

Coverage	Limits of Liability	Deductible	Vehicle 1 Premium	Limits of Liability	Deductible	Vehicle 2 Premium	
Bodily Injury	\$25,000 per person \$50,000 per accident		\$	\$25,000 per person \$50,000 per accident		\$	
Property Damage	###,### per accident		\$	###,### per accident		\$	
Medical Payments	###,### per accident		\$	###,### per accident		\$	
Uninsured Motorist – Bodily Injury	\$25,000 per person \$50,000 per accident		\$	\$25,000 per person \$50,000 per accident		\$	
Uninsured Motorist – Property Damage	Lesser of \$15,000 or Actual Cash Value per accident, less deductible		\$	\$15,000 per accident		\$	
Comprehensive	Actual Cash Value less deductible		\$	Actual Cash Value less deductible		\$	
Collision	Actual Cash Value less deductible		\$	Actual Cash Value less deductible		\$	
Roadside Assistance	### per occurrence (up to 2 occurrences per policy term)		\$	### per occurrence (up to 2 occurrences per policy term)		\$	
Rental Reimbursement	## per day up to ## days		\$	## per day up to ## days		\$	
<b>Vehicle Total</b>			<b>\$</b>	<b>Vehicle Total</b>			<b>\$</b>

### PREMIUM, FEES, AND SURPLUS CONTRIBUTION

<b>Total Vehicle Premium</b>	<b>\$</b>
<b>Theft Prevention Fee</b>	<b>\$</b>

2211 Butterfield Rd \*\* Suite 200 \*\* Downers Grove, IL 60515 \*\* (630) 645-7788 Facsimile \*\* (630) 645-7750 Phone

<b>Police Training Fee</b>	\$
<b>Surplus Contribution</b>	\$
<b>Policy Total</b>	\$
<b>Down Payment Collected</b>	\$

## UNDERWRITING QUESTIONS

<ul style="list-style-type: none"> <li>Is this a Non-Owners Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li>Are any vehicles used for business or artisan use? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the vehicle(s) to which this applies:</li> </ul>
<ul style="list-style-type: none"> <li>Does any operator have driving restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the operator number(s) to whom this applies and a description of the restriction.</li> </ul>	<ul style="list-style-type: none"> <li>Is the Applicant the registered owner of all of the vehicle(s) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please list the vehicle(s) not owned by the applicant along with the name of the registered owner of the vehicle(s):</li> </ul>
<ul style="list-style-type: none"> <li>Does any vehicle have more or less than 4 wheels? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, risk is unacceptable.</li> </ul>	<ul style="list-style-type: none"> <li>Does any operator have a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the operator number(s) to whom this applies:</li> </ul>
<ul style="list-style-type: none"> <li>Does the applicant currently have automobile insurance coverage with a term of at least 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select the term of the coverage: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months If No, state the expiration date of any prior coverage:</li> </ul>	<ul style="list-style-type: none"> <li>Has any operator completed a Defensive Driver Course? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the operator number(s) and attach a certificate of completion or other documentation for each operator showing completion of the course.</li> </ul>
<ul style="list-style-type: none"> <li>Is this an Agency Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the current carrier.</li> </ul>	

## COVERAGE CONDITIONS

NO COVERAGE EXISTS PRIOR TO OUR RECEIPT OF BOTH THIS APPLICATION, COMPLETED AND SIGNED BY THE APPLICANT, AND THE REQUIRED INITIAL PREMIUM FOR THIS POLICY.

Coverage is void from its inception if the required initial premium payment is declined or returned for any reason. A facsimile or electronic copy of this application is as valid as the original.

## WARRANTY, SUBSCRIBER AGREEMENT AND POWER OF ATTORNEY ACCEPTANCE, AND SIGNATURES

I acknowledge that Kemper Reciprocal issued this policy based on the information I provided within this application and understand that this application becomes part of this policy. I acknowledge that I have read the above application and represent that all of the information provided in this application is truthful and accurate.

I acknowledge that I have read, understand, and agree to all the terms and conditions of the Subscriber Agreement and Power of Attorney which becomes part of this policy. Among other things, the Subscriber Agreement and Power of Attorney appoints the Attorney-in-Fact, authorizes the Attorney-in-Fact to execute interinsurance policies between me and other subscribers and to perform various functions, and addresses compensation of the Attorney-in-Fact. Surplus Contributions that I pay as a subscriber are not part of the premium and are not returnable unless otherwise required by state law.

By paying the required premium for this policy, I am a subscriber to Kemper Reciprocal and accept the reciprocal structure and the terms and conditions of the Subscriber Agreement and Power of Attorney.

I hereby declare that:

I have listed all drivers of the insured vehicles on this application, including relatives or anyone who lives at my residence. I have listed all regular operators, licensed or permitted, regardless of where they reside, on this application. I understand that operators include those persons whose driver's licenses are currently restricted, suspended, revoked, or who are not licensed and drive my vehicle(s).

I understand that: (i) the information provided in this application is offered as an inducement to Kemper Reciprocal to issue the coverage for which I am applying and that Kemper Reciprocal is relying on such information in issuing any such coverage; (ii) that if any information is false or incorrect, Kemper Reciprocal may adjust the premium for the coverage to reflect the true information or take any other action that is legally permissible; and (iii) that any false statement made in this application makes the policy void or voidable if the matter represented was material to the risk or contributed to the contingency or event on which the policy became due and payable.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO PENALTIES UNDER THE LAW.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## PRODUCER STATEMENT

To the best of my knowledge, all information contained herein is correct. The statements made herein are those of the applicant. All questions have been answered by the applicant.

I understand coverage is not bound until the correct payment amount is submitted by the applicant and a policy number has been received from the company.

\_\_\_\_\_  
Producer Name

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

AppID #####

Policy Number 12RA#####