

Bear River Mutual Insurance Company

Agent _____

Automobile Insurance Application Insured's Statement - Page 3 of 4

Insured _____

Number _____

Effective _____

To Be Completed, Initialed, and Signed in INSURED's Own Handwriting

NOTICE: Bear River Mutual Insurance Company only writes automobile insurance policies for those who TOTALLY ABSTAIN FROM THE CONSUMPTION of ANY ALCOHOLIC BEVERAGES, or ILLEGAL DRUGS in any form or amount. Total abstinence from the consumption of alcoholic beverages, and illegal drugs, in any form or any amount, is not limited to the time a person is driving a motor vehicle. Therefore, the statements and responses may affect the acceptance of your application for insurance.

1. Have you asked each member of your household whether they have consumed any alcoholic beverages, illegal drugs, or narcotics within the last 3 years, in any form or in any amount? Yes No _____
Insured Initial

2. Have you or any member of your household consumed any alcoholic beverages, illegal drugs or narcotics within the last 3 years in any form or in any amount? Yes No _____
Insured Initial

3. Have you or any member of your household been arrested or convicted of driving under the influence of alcohol or illegal drugs within the last 3 years, in any form or in any amount? Yes No _____
Insured Initial

4. Has any insurance coverage for you or any member of your household, been declined, cancelled or non-renewed in the last 3 years? If yes, explain in remarks. Yes No

5. Has any member of your household had their driver's license revoked or suspended in the last 3 years? If yes, explain in remarks. Yes No

6. Has any member of your household been ticketed for a traffic violation (other than parking) in the last 3 years? Yes No

7. Has any member of your household been involved in an accident (as a driver) during the last 3 years? If yes, explain in remarks. Yes No

8. Does any member of your household now have, or been treated for, heart trouble, high blood pressure, diabetes, dizzy spells, epilepsy, stroke, hearing or eye trouble, or other disabling diseases? If yes, explain in remarks. Yes No

9. Do you or any member of your household have a license restriction other than glasses? If yes, explain in remarks. Yes No

10. Is there any damage to any vehicle? If yes, please explain and attach photo. Yes No

11. Are there any motor vehicles to be insured, that are not titled in the applicants name? If yes, explain in remarks. Yes No

12. Are there any vehicles to be insured that are not licensed and registered in Utah? If yes, explain in remarks. Yes No

13. Are there any other motor vehicles in the household owned by the insured? If yes, give year, make, model and insurance carrier in remarks. Yes No

REMARKS

**Automobile Insurance Application
Insured's Statement - Page 4 of 4**

Uploaded Mailed

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Total number of drivers in household: _____ Total number of vehicles in household: _____

If there are any UNMARRIED DRIVERS in your household complete and attach Additional/New Driver Questionnaire.

**BINDER/STATEMENT/SIGNATURES
DO NOT BIND WITHOUT PROOF OF PRIOR INSURANCE**

Previous Insurance Carrier _____

Policy No. _____ **Expiration Date** _____

Do you have a copy of the Insured's Proof of Prior Insurance in your file? YES NO

BINDER: YES NO **COVERAGE IS BOUND EFFECTIVE** _____ **Expiration Date** _____

If the "YES" box above is checked, the following conditions apply. This Company binds the kind(s) of insurance stipulated on Page 1. This insurance is subject to the terms, conditions and limitations of the policy(ies) including arbitration provision in current use by the Company. This binder may be cancelled by the Insured by surrender of this binder or by written notice by the Company to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the rules and rates in use by the Company.

ALCOHOL / DRUG USE DECLARATION

I hereby declare:

- > I totally abstain from ANY alcohol, ANY illegal drug and ANY illegal substance of any kind.
- > If insured by Bear River Mutual Insurance Company, I promise that I will never use or consume ANY alcohol, ANY illegal drug or ANY illegal substance.
- > I will not allow the insured motor vehicle to be operated by anyone who has consumed ANY alcohol, ANY illegal drug or ANY illegal substance.
- > I understand that coverage will be reduced or eliminated as set forth in this Policy.

APPLICANT'S STATEMENT

I certify that I have read and answered each question herein truthfully and that the information given is true and correct. I understand that "total abstinence" of the consumption of alcohol and illegal drugs in any form or in any amount is not limited to the time a person is driving a motor vehicle. I further certify to the company that I understand that the information in this application is material to the company in determining whether they will accept this application for insurance. I understand that if I have concealed or misrepresented any material fact or circumstance, the entire insurance applied for may be cancelled at the election of the company. I understand that this application is made subject to the approval of the company and shall be binding only upon such approval by the company and the issuance of the Policy.

Signature of Applicant **Date**

Signature of Co-Applicant **Date**

Signature of Agent **Date**

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. Upon your written request, we will furnish, in writing, a description of the nature and scope of the investigation requested.