



ONLY FILL IN YELLOW BOXES

| | |
|---------------------------|----------------|
| PRODUCER EMAIL | CUSTOMER EMAIL |
| Martin@cig-llc.biz | |

| | |
|----------------------------------|----------------------------|
| EFFECTIVE DATE | EXPIRATION DATE |
| Company: LLOYDS OF LONDON | FORM: AUTO PHYSICAL |

APPLICANT INFORMATION

| | |
|-----------------|------------------|
| Mailing Address | Mailing State: |
| Mailing City | Mailing Zip Code |

LOCATION & OWNERS OF SKOOLIE

| | |
|------------------|-------------------|
| Physical Address | Physical State: |
| Physical City | Physical Zip Code |

| | |
|-----------------------|------------------|
| NAME ON VEHICLE TITLE | |
| APPLICANT'S NAME | Date of Birth |
| DRIVER'S LICENSE # | STATE of License |
| CO-APPLICANT'S NAME | Date of Birth |
| DRIVER'S LICENSE # | STATE of License |
| HOME PHONE # | BUSINESS PHONE # |

CURRENT INSURANCE OF SKOOLIE

| | |
|--|-----------------|
| NAME OF CURRENT AUTO LIABILITY CARRIER | EFFECTIVE DATE |
| NAME OF CURRENT COMP/COLLISION CARRIER | EFFECTIVE DATE |
| ANY PRIOR CLAIMS for COMP/COLLISION | Total In Claims |

In order to bind we will need a No Known Loss Letter (see Attached) or Loss Runs/Loss History

COVERAGES/LIMITS OF AUTO PHYSICAL DAMAGE AND YOUR SKOOLIE

| | | |
|---------------------|--|-----------------------|
| PURCHASE PRICE | EXTENDED COVERAGE FORM | DED (TYPE AND AMOUNT) |
| UPGRADES | Extended Towing for \$2,500, Personal Effects for \$7,500 with \$500 deductible, Water Damage with a maximum of 20% of STATED Value with \$2500 deductible | DEDUCTIBLE \$ 2,500 |
| STATED VALUE | | |
| EXTENDED COVERAGE | | |
| YEAR OF CONVERSION | | |
| LESS THAN 5K a YEAR | RANGE OF VALUE \$10,001 to \$19,999 | RATE 5.5% |

PRICING

| | |
|------------------------|---|
| EST TOTAL PREMIUM | TYPE OF BUS |
| Taxes | WHO DID THE WORK |
| POLICY FEE (taxable) | Program Fee includes MVR costs! To issue the policy we will need: Picture of outside and inside, MVRs of Drivers (we will order), Signed Application, Tax form, TRIA form and certification on value of bus |
| PROGRAM FEE (no Tax) | |
| FILING FEE | |
| ESTIMATED ANNUAL TOTAL | |

PAYMENT PLAN

| | |
|-------------------------|---|
| WHO DO WE BILL? | |
| FULL PAY | |
| FINANCE WITH DOWN OF \$ | - |

TO MAKE PAYMENT GO TO: <https://mystrategicinsurance.epaypolicy.com/>

SKOOLIE INFORMATION

| | | | |
|-----------------------------|----|---|-----------------------|
| NAME OF YOUR SKOOLIE | | | |
| MAKE OF SKOOLIE | | | |
| MODEL YEAR | | | |
| VIN NUMBER | | | 17 CHARACTERS! |
| STATE AMOUNT | \$ | - | |

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same as known to the Applicant, and the same are hereby made the basis and condition of the insurance.

MVR Authorization Form

Acknowledgement:

I authorize Commercial Insurance Group, LLC (CIG) to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living.

I hereby certify that the information contained in this CIG application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken.

I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy.

Insured Signature

Agent Signature

NOTE: Flat Cancellation is not permitted. Premium is 25% Minimum Earned Upon Request to Bind. All Fees are fully earned and non-refundable. Additional Fees will be incurred for non-sufficient funds, return payments and request for policy reinstatement.

| UPGRADES | | |
|----------|--|-------|
| | What you Did | Cost |
| 1 | Gold Upgrade | |
| 2 | No structural modifications but Kitchen, Bathroom and Bedrooms added | |
| 3 | | |
| 4 | | |
| 5 | Engine Overhaul | |
| 6 | Non Structural Repairs (tires, windows, mirrors, dent fixes etc.) | |
| 7 | Type in anything else cool and exotic you did | |
| 8 | | |
| 9 | | |
| 10 | | TOTAL |

The TOTAL here should be the same as Page 1 "Upgrades"

No Loss Letter

During the last three (3) years, we warrant that with respect to the Auto Physical Damage Insurance being applied for:

1. I/ we have not sustained a loss
2. Have not had a claim made against us
3. Have no knowledge or a reason to anticipate a claims or loss.

I understand that this warranty will be incorporated into the insurance contract.

 Insured Name Date Signed

 Signature of Insured

Warranty: The purpose of this no loss letter is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given