



↓ **COMPLETE SPACES BELOW IN DETAIL FOR EACH UNIT TO BE INSURED** ↓

VEHICLE COVERAGES	Unit No.	Year Model	Trade Name	Serial Number	Principal Location of Garaging	Date Purchased MM / YYYY	New Used	Cost When Purchased	Present Value	Deductible	Premium
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

Special Surcharge applied?  Yes  No If "Yes", describe:

Driver Surcharge applied?  Yes  No If "Yes" list driver & surcharge:

Total Premium All Vehicles \$	
Fully Earned Policy Fees \$	
<b>TOTAL POLICY PREMIUM \$</b>	

The automobiles described above under Item Numbers corresponding to those indicated below are mortgaged as follows and loss, if any, under Comprehensive, Collision, Fire, Lightning or Transportation, Theft, or Combined Additional shall be payable to the named Insured and mortgagee named below, as their interest may appear.

REMARKS:

LIENHOLDER	ITEM NO.	NAME OF LOSS PAYEE	ADDRESS OF LOSS PAYEE
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

THANK YOU FOR CONSIDERING SUTTER INSURANCE COMPANY AS YOUR INSURANCE CARRIER. AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

**NOTICE TO APPLICANT**

BY MY SIGNATURE I HEREBY APPLY FOR A POLICY OF INSURANCE SET FORTH ABOVE ON THE BASIS OF STATEMENTS CONTAINED HEREIN. I FURTHER DECLARE THAT THE FACTS STATED HEREIN TO BE TRUE AND REQUEST THE COMPANY TO ISSUE THE INSURANCE POLICY AND ANY RENEWALS THEREFROM IN RELIANCE HEREON. **I UNDERSTAND THAT THE INSURANCE APPLIED FOR WILL EXCLUDE COVERAGE ON ANY COVERED AUTO IS IN THE CUSTODY OF OR OPERATED BY DRIVERS UNDER 25 YEARS OF AGE, UNLESS SUCH PERSON IS NAMED AS A DRIVER IN THIS APPLICATION OR IS ADDED BY ENDORSEMENT TO THE POLICY,** AND VEHICLES RENTED OR LEASED TO OTHERS WITHOUT DRIVERS. I UNDERSTAND THAT NO INSURANCE SHALL BE EFFECTIVE UNTIL THE COMPANY, OR ITS AUTHORIZED REPRESENTATIVE APPROVES THIS APPLICATION. I FURTHER AGREE WITH AND UNDERSTAND I'M APPLYING FOR PHYSICAL DAMAGE COVERAGE ONLY, THAT NO COVERAGE FOR LIABILITY WILL BE AFFORDED IF THIS APPLICATION IS ACCEPTED. FURTHERMORE I HEREBY AUTHORIZE THE RELEASE OF ANY DEPARTMENT OF MOTOR VEHICLES, DRIVING OR VEHICLE INFORMATION REGARDING PERSON(S) OR VEHICLES LISTED IN THIS APPLICATION TO THE COMPANY OR ITS REPRESENTATIVE.

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

**NOTICE TO PRODUCER**

BY MY SIGNATURE I HEREBY DECLARE THAT ALL LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE BEING APPLIED FOR HAVE BEEN REVIEWED WITH AND EXPLAINED TO THE APPLICANT.

Name of Producing Broker: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_