

## INTRODUCTION

## AVAILABILITY OF FORMS, MANUALS, ETC.

## HARD COPIES

*Two new endorsement forms are included as follows:*

Application forms to be used when applying to the California Automobile Assigned Risk Plan are available at no charge from AIPSO—Mail Order Management Department by calling (401) 942-9799. The following materials are available at no charge:

- Authorization to Change Producer of Record
- Notice of Agency Acquisition/Transfer/Merger

## ELECTRONIC FORMAT

*Two new endorsement forms are included as follows:*

The following Plan materials are available in electronic format by accessing [www.aipso.com/ca](http://www.aipso.com/ca):

- Name and/or Ownership Change Form
- Authorization to Change Producer of Record
- Notice of Agency Acquisition/Transfer/Merger

## ADMINISTRATIVE PART

**Sec. 8. DETERMINATION AND FULFILLMENT OF PRIVATE PASSENGER NONFLEET LIABILITY QUOTAS**

*Paragraph B.7.a is amended as follows: (These changes are reflected on language pending in filing CA 03-01.)*

**B. Limited Assignment Distribution Procedure (LAD)**

## 7. Termination of LAD Servicing Company

- a. Insolvency or Department of Insurance Department Order

If a servicing company is terminated due to insolvency, or by rehabilitation, or insurance department order, the Advisory Committee and the Plan will be guided by the following:

*(The remainder of this paragraph is unchanged.)*

*Paragraph B.14 is amended as follows:*

- 6.14. Once the LAD buy-out contract has been approved in accordance with the provisions of this subsection, the Plan shall send all assignments for all insurers in that LAD arrangement to the servicing company. Annually, the Plan shall indicate how much of the LAD servicing company's assigned risk business was needed to fulfill each buy-out company's quota in the annual quota report the amount of Plan premium that the servicing company has provided to satisfy the buy-out company's LAD obligation. Any over/under assignment of the insurers in the LAD arrangement shall be attributed to the servicing company.

*New paragraph B.15 is introduced as follows: (Current paragraph B.15 is redesignated as B.16.)*

15. Termination of LAD Buy-Out Company

- a. Court Order or Insurance Department Order

In the event proceedings have been initiated in a court of competent jurisdiction to have an insurer declared insolvent and a conservator or liquidator has been appointed by such court, or if the insurer is the subject of an insurance department order that restricts its ability to write automobile insurance, the buy-out contract shall be considered terminated. AIPSO, acting on behalf of the Plan, will remove the buy-out company from LAD at the start of the next quota quarter.

The buy-out company's LAD obligation will be determined in accordance with the procedure in Section 8.B.14 as of the date of receipt of the order.

- b. Any Other Reason

A buy-out company contract may be terminated by either the servicing company or the buy-out company in accordance with the terms and conditions stated in the contract.

c. Termination of Buy-Out Contracts

When the procedure of Section 8.B.15.a above is utilized, the existing buy-out contract between the servicing company and the buy-out company is terminated and is subject to the provisions herein.

**PERSONAL AUTOMOBILE PART**

**Sec. 28. APPLICATION FOR ASSIGNMENT, DESIGNATION OF INSURER, EVIDENCE OF INSURANCE, AND EFFECTIVE DATE OF COVERAGE**

*New paragraph H is introduced as follows:*

**H. Incomplete Applications**

Applications shall be accepted by the Plan and assignments shall be processed by the assigned insurer if there is compliance with the requirements shown in Sections 23, 26, and 28. It shall be the responsibility of the Plan and the assigned insurer to communicate to the insured and producer of record in what respect an application is incomplete and requires correction.

**1. Applications with Violations**

The Plan shall provide written notice to the applicant and the producer regarding the correction of all violations in the application. All violations must be corrected within 10 working days of the postmark date of the Plan notice in accordance with Section 28.A.2. However, violations pertaining to the Eligibility Certification Statement section of the application shall be handled in accordance with the Plan procedure outlined in Section 28.A.3

If the application is returned to the Plan incomplete, the Plan will assign the application and advise the assigned insurer of any outstanding violations. Upon receipt of the application, the insurer shall give 15 days notice to the insured and to the producer of record to provide information necessary to remedy any defects in the application. No part of the deposit premium shall be returned to the insured or to the producer of record except upon proper cancellation in accordance with the provisions of Section 33.B, if applicable.

**2. Insurer Requests for Underwriting Information**

If an application is assigned without any violations, but the insurer subsequently determines that additional information is required, the insurer shall send a written request to the insured and producer specifying what information is required. The insured and producer of record shall have 15 days from the date of the mailing of the notice to provide the information. If the information is not received by the insurer within 15 days, the insurer shall issue a second request to the insured and producer of record providing 15 days from the date of mailing of the second notice to provide the information.

**Sec. 33. CANCELLATIONS**

*Paragraph B.1.d is amended as follows:*

**B. Cancellation by Insurer**

1. An insurer which has issued a policy under this Plan shall have the right to cancel the insurance by giving notice as required in the policy if the insured
  - d. has failed to remedy defects and/or violations in the application as outlined in Section 23; or

**Sec. 37. PERFORMANCE STANDARDS FOR INSURERS WRITING CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN PRIVATE PASSENGER NONFLEET RISKS**

*Paragraph A.1.a.(2) is amended as follows:*

**A. Insurer Performance Standards**

1. Issuance of Original Policy
  - a. Upon receipt of the notice of designation and the deposit premium from the Plan, the designated insurer shall
    - (2) within 15 days of determination that an application contains a violation, of receipt of an application assigned with a violation that has not been corrected, the insurer shall give written notice of the violation to the insured and to the producer. The

and written notice shall state that the insured has 15 days from the date of the mailing of the notice to correct the violation;

The insurer shall issue the policy without waiting for the correction unless the violation is material to determining the applicant's eligibility for coverage under the Plan or unless the insurer lacks and cannot reasonably obtain sufficient information to issue the policy.

*New paragraph A.1.a.(3) is introduced as follows: (Current paragraphs A.1.a.(3) and (4) are redesignated as (4) and (5).*

(3) for an application that is assigned without a violation for which the insurer requires additional underwriting information, within 15 days of determination that additional information is needed, the insurer shall send a written notice to the insured and producer specifying what information is required. The insured has 15 days from the date of the mailing of the notice to provide the information. If the information is not received by the insurer within 15 days, the insurer shall issue a second request to the insured and producer providing 15 days from the date of mailing of the second notice to provide the information.

After issuance of the first notice, the insurer shall issue the policy without waiting for the information unless the information is material to determining the applicant's eligibility for coverage under the Plan or unless the insurer lacks and cannot reasonably obtain sufficient information to issue the policy.

*New paragraph A.6 is introduced as follows: Current paragraphs A.6 through A.10 are redesignated as A.7 through A.11.*

#### 6. Requests for Underwriting Information

Written notices and renewal questionnaires sent to the applicant or insured and producer of record requesting information pertinent to the underwriting of the Plan policy or issuance of a renewal policy must include a

statement, in both English and Spanish, advising the insured that failure to provide the requested information within the time required may result in additional charges, cancellation, or nonrenewal of the Plan policy.

## COMMERCIAL AUTOMOBILE PART

### Sec. 43. EXTENT OF COVERAGE

*Paragraph A is amended as follows:*

#### A. Coverages and Limits

1. Bodily Injury, Property Damage, Medical Payments, and Uninsured Motorist Coverage

*Paragraphs 1 and 2 are redesignated as a and b and paragraphs a through c are redesignated as (1) through (3).*

*New paragraph 2 is introduced as follows:*

#### 2. Hired and Nonowned Liability Coverage

The servicing carrier shall be required to add hired and nonowned liability coverage on all Plan commercial auto policies with an Any Auto coverage symbol or policies that require a Federal Highway Administration (FWHA), Department of Motor Vehicles (DVM), Public Utilities Commission (PUC), Public Service Commission (PSC), or Federal Motor Carrier Safety Administration (Motor Carrier Act of 1980 or Bus Regulatory Act of 1982—Motor Carrier Endorsement—MCS 90 or 90B) or any other similar local, state or federal regulated filing.

*New Section 48 is introduced as follows:*

### Sec. 48. PRODUCER CHANGE REQUEST

For CAIP applicants and insureds, a substitute producer may be designated by the applicant or insured at any time and, upon the effective date of renewal of the Plan policy, shall be the producer of record. All commissions will go to the original producer for the remainder of the policy period. Likewise, the original producer will be responsible for all return commission.

**A. Individual Producer Changes**

An Authorization to Change Producer of Record form shall be used to change the producer of record. This form must be fully completed and submitted to the assigned servicing carrier. The change of producer of record shall become effective as of the effective date of the renewal policy. All compensation transactions related to return and additional premium for the current policy period shall be the responsibility of the prior producer of record. However, all compensation transactions for any subsequent policy periods shall be the responsibility of the new producer of record.

**B. Producer Changes Regarding Agency Acquisitions, Transfers, or Mergers**

A Notice of Agency Acquisition/Transfer/Merger form shall be used to change the producer of record when an agency assumes control of another's book of business. This form must be fully completed and submitted to the Plan and all assigned servicing carriers to which an insured affected by this change of producer has been assigned. The change of producer of record shall become effective as of the effective date of the renewal for each policy. All compensation transactions related to return and additional premium shall be the responsibility of the prior producer of record. However, all compensation transactions for subsequent policy periods shall be the responsibility of the new producer of record. In addition, it shall be the responsibility of the new producer to notify each insured affected by the transaction.

**CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN PRIVATE PASSENGER APPLICATION**

This application must be PRINTED IN INK or TYPED AND SIGNED BY THE APPLICANT AND PRODUCER

**IMPORTANT NOTICE**

This policy is not effective until your application is electronically transmitted to the Plan by your agent or broker. The following conditions must also be met: (1) Both you and your agent or broker must sign and date a properly completed application. (2) Your agent or broker must mail your application to the Plan within two days of its completion. You may request that your agent or broker transmit the documents in your presence to ensure immediate coverage, provided the above requirements are met. If the above requirements are not met, your coverage will take effect the day after the Plan office receives your application. You may request that your agent or broker notify you when your coverage is effective.

MAIL TO  <b>CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN</b> PO BOX 7917 SAN FRANCISCO, CA 94120-7917	<b>1. PROPOSED EFFECTIVE DATE AND TIME OF COVERAGE</b> ELECTRONIC EFFECTIVE DATE REFERENCE NUMBER: Ref. No. _____ Date _____ Hour _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION
---	--

<b>2. PRODUCER</b> Agency Name _____		Agency License No. _____	Date of Expiration _____	Agency IRS or Soc. Sec. No. _____
Street No. and Name _____	Suite No. _____	City _____	State _____	Zip Code _____
Mailing Address (if different from above) _____		City _____	State _____	Zip Code _____
Signing Producer's Name _____			Signing Producer's License # _____	

<b>3. APPLICANT</b> Last Name _____		First _____	Middle _____	Home and Business Telephone Nos. (include area code) _____	
Street No. and Name _____	Apt. No. _____	City _____	County _____	State _____	Zip Code _____
Mailing Address (if different from above) _____		City _____	State _____	Zip Code _____	
How long at current address _____	If less than two (2) years, give prior address: _____				
Occupation _____	Date Employed _____	Employer's Name _____			
Name and No. of Employer's Street _____		Suite No. _____	City _____	State _____	Zip Code _____

<b>4a. VEHICLE 1</b> Year _____ Make _____ Model Name & Body Style _____	<b>4b. VEHICLE 2</b> Year _____ Make _____ Model Name & Body Style _____
Vehicle Identification Number _____	Vehicle Identification Number _____
Purchased Mo. _____ Yr. _____ New <input type="checkbox"/> Used <input type="checkbox"/> Cost _____ H.P./Cu. In./CC _____	Purchased Mo. _____ Yr. _____ New <input type="checkbox"/> Used <input type="checkbox"/> Cost _____ H.P./Cu. In./CC _____
Is there any damage: (For UMPD Only) _____	Is there any damage: (For UMPD Only) _____
If "Yes," explain here. _____	If "Yes," explain here. _____

<b>5a. USE - VEHICLE 1</b> <input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Work _____ Miles to Work One Way _____ <input type="checkbox"/> Farm	<b>5b. USE - VEHICLE 2</b> <input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Work _____ Miles to Work One Way _____ <input type="checkbox"/> Farm
Principal Address of Garaging _____	Principal Address of Garaging _____
State Registered In _____ Vehicle Registered to _____	State Registered In _____ Vehicle Registered to _____
Band _____ Rate Class _____ Est. Annual Mileage _____	Band _____ Rate Class _____ Est. Annual Mileage _____

6. COVERAGES		LIMITS OF LIABILITY		VEHICLE 1	VEHICLE 2
BODILY INJURY	\$15,000 EACH PERSON	\$30,000	EACH ACCIDENT	\$	\$
PROPERTY DAMAGE	\$ 5,000 EACH ACCIDENT			\$	\$
MEDICAL PAYMENTS (Excess)	\$ EACH PERSON (Max. \$1,000)			\$	\$
(UNINSURED MOTORIST) Bodily Injury	\$ EACH PERSON	\$	EACH ACCIDENT	\$	\$
Prop. Damage	\$ EACH ACCIDENT (Max. \$3,500)			\$	\$
SURCHARGES	\$			\$	\$
FR FEE	\$			\$	\$
D.O.C. (As required on FR)	\$			\$	\$
<input type="checkbox"/> SEE ATTACHED FOR ADDITIONAL VEHICLES				TOTAL PREMIUM	\$

<b>7. PAYMENT PLANS</b>		GROSS DEPOSIT PREMIUM MUST BE SUBMITTED WITH APPLICATION.
<input type="checkbox"/> Option 1 - Full annual premium		DEPOSIT AMOUNT \$ _____
<input type="checkbox"/> Option 2 - Deposit premium plus single bill balance		25% Deposit subject to \$250 min. per vehicle, whichever is greater
<input type="checkbox"/> Option 3 - Installments (deposit plus 5 monthly payments - no interest, \$4.00 per installment charge)		

8. OPERATOR INFORMATION Complete the following for all Operators and Residents										
Applicant And Other Residents 14 Years of Age and Over	Relationship to Applicant	% Use of Veh. 1 Veh. 2	Birth Date Mo. Day Yr.	Sex M-F	M/S**	Driver License No. or Permit No. If Not Licensed, Explain Below	State	Years Licensed	If Less than 3 Give Date Licensed	
APPLICANT	APPLICANT									

REASON NOT LICENSED **\*\*M/S - Marital Status: S - Single M - Married P - Domestic Partnership W - Widowed D - Divorced SEP - Separated**

**9. FINANCIAL RESPONSIBILITY** Is applicant or other eligible operator in the household required to file evidence of financial responsibility?  
 Yes  No Name \_\_\_\_\_ State Where Filing Required \_\_\_\_\_  
 Type of Filing  SR1P Date of Accident \_\_\_\_\_ DMV or File Number \_\_\_\_\_  
 SR22  Owner's (Operation of owned vehicles)  
 Operator's (Operation of non-owned vehicles)  Both Reason for Filing \_\_\_\_\_  
 Do you or any other member of the household own any other vehicle?  Yes  No. If "Yes," explain on a separate sheet.

**10. INSURANCE RECORD** Name of last carrier \_\_\_\_\_ Policy No. \_\_\_\_\_ Termination Date \_\_\_\_\_  
 Was coverage through Plan?  Yes  No Was 3-year assignment completed?  Yes  No Give reason terminated \_\_\_\_\_  
 Are any other vehicles owned by any member of household?  Yes  No If "Yes," give name of insured and photocopy dec. page.

**11. ACCIDENTS / CONVICTIONS** If any accidents are not chargeable, explain. Has any driver listed above had an accident or been convicted of a moving violation within the last 3 years?  Yes  No If "Yes," explain below.

Name of Operator	Date of Accident/Conviction	Description of Accident/Conviction	Place of Accident/Conviction	Bl or Death		\$ Damage to Property
				Yes	No	

**12. NON-OWNER** Answer below if application is for a non-owner policy.  
 A. Do you own a car?  Yes  No  
 B. Type of vehicle applicant will operate:  Private Passenger  Commercial  Taxi or Bus  Other (describe) \_\_\_\_\_  
 C. Vehicle will be operated in applicant's occupation or business.  Yes  No  
 D. Is Vehicle owned by a member of the household?  Yes  No  
 E. If (C) or (D) is answered "Yes," give name of insurance company providing liability coverage: \_\_\_\_\_  
 F. Is applicant excluded?  Yes  No.

**13. ELIGIBILITY CERTIFICATION STATEMENT** APPLICANT - YOUR SIGNATURE CERTIFIES UNDER PENALTY OF PERJURY THE FOLLOWING:  
 (DO NOT SIGN WITHOUT READING)  
 I, (Name) \_\_\_\_\_, hereby declare under penalty of perjury that the following is true and correct:  
 1. A "good driver" as defined by the Insurance Code is a person licensed to drive for the previous 3 years who, during that time, has not, (a) had more than one violation point charged against his or her license; or (b) had more than one dismissal of a violation of a driving law which was not made confidential; or (c) been principally at fault for an accident resulting in bodily injury or death; or (d) (only for persons under 18 years old) been found to have operated a motor vehicle with blood alcohol level of 0.05% or greater.  
 CHECK ONE:  I AM NOT a "good driver."  I AM a "good driver." IF YOU CHECKED THAT YOU ARE NOT A "GOOD DRIVER," DO NOT COMPLETE THE REST OF THIS SECTION. IF YOU CHECKED THAT YOU ARE A "GOOD DRIVER," READ AND FILL OUT ITEMS 2-4.  
 2. On (month/day) \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ A.M./P.M., I applied to (name of insurer) \_\_\_\_\_ Insurance Company/Group for automobile liability insurance.  
 3. I am eligible by reason of membership, affiliation, employment, or other such characteristic, if such is required, to purchase automobile liability insurance from the insurance company/group named in item 2.  
 4. On (month/day) \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ A.M./P.M., I contacted (first and last name) \_\_\_\_\_ of the \_\_\_\_\_ Insurance Company/Group/Agency/Brokerage (circle one) at (telephone no.) (\_\_\_\_\_) \_\_\_\_\_, who informed me that \_\_\_\_\_ Insurance Company/Group rejected my request for insurance for the following reason(s): \_\_\_\_\_  
 \_\_\_\_\_ (If you have a notice of rejection, please attach it.)  
 5. In the last 60 days, no other Insurance company/group has agreed to sell me automobile liability insurance nor have I requested cancellation of automobile liability insurance.

**14. COVERAGE FOR ACTS OF UNINSURED MOTORISTS: CALIFORNIA**  
**DELETION OF COVERAGE:** The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.  
**REDUCTION OF COVERAGE:** The Uninsured Motorists provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements.  
**DAMAGE TO YOUR VEHICLE:** In addition, the California Insurance Code requires insurers to offer coverage for damage to your vehicle caused by an uninsured motor vehicle to the extent that you, the insured party, are legally entitled to recover from the owner or operator of the uninsured motor vehicle. Such property damage coverage will either: (1) pay the collision deductible on the insured motor vehicle, if it is covered by collision insurance, or (2) pay for damage to the insured motor vehicle, if it is not covered by collision insurance. This coverage will not pay for damage to personal property other than the vehicle or for loss of use of the vehicle, and it will not exceed the smallest of any the following: (1) The amount of the collision deductible; (2) the actual cash value of the insured motor vehicle; or (3) \$3,500. You may reject uninsured motorist coverage completely or reject it only when an insured motor vehicle is operated by a natural person or persons that you designate by name. If you reject uninsured motorist coverage for bodily injury, you must also reject uninsured motorist coverage for property damage; however, you may elect to obtain uninsured motorist bodily injury coverage without obtaining uninsured motorist property damage coverage. It shall be presumed that an application for a policy of bodily injury liability insurance containing uninsured motorist coverage if an amount less than that required by Insurance Code Section 11580.2, Subdivision (m), signed by you (the named insured) and approved by the insurer, with a policy effective date after January 1, 1985, shall be a valid agreement as to the amount of uninsured motorist coverage to be provided.

**15. REJECTION OF UNINSURED MOTORIST COVERAGE**

I understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, I may be unable to recover any significant amount of money to cover the costs of my injuries or of damage to my motor vehicle. I have applied this day for coverage under an automobile liability insurance policy, and the company providing such coverage and I have agreed as follows to delete uninsured motorist coverage from that insurance policy:

- 1. I elect to delete completely uninsured motorist coverage for all insureds.
  - 2. I elect to delete uninsured motorist coverage for property damage coverage but keep uninsured motorist coverage for bodily injury.
  - 3. I elect to delete completely uninsured motorist coverage for the following designated person(s) listed below:
- \_\_\_\_\_
- 4. I elect to delete uninsured motorist coverage for property damage coverage, but keep uninsured motorist coverage for bodily injury for the following designated person(s) listed:
- \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_  A.M.  P.M.

The rejection of insurance indicated by the above agreement shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and it shall continue to be so binding with respect to any continuation, renewal or replacement of such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any lapse thereof.

**16. FAIR CREDIT REPORTING ACT NOTICE**

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such a report is procured.

**17. APPLICANT - YOUR SIGNATURE ON THIS APPLICATION CERTIFIES THE FOLLOWING: (DO NOT SIGN WITHOUT READING)**

- I hereby certify under penalty of perjury that I
- (1) have been informed of my right to choose the CAARP Interest-free Payment Plan option as shown in Option 3 of Section 7 on the reverse side of this application (CHECK ONE:  Yes  No - If "No," please ask the producer for an explanation.);
  - (2) agree to pay all premiums when due and designate the individual shown below as agent/broker of record for this insurance;
  - (3) do not owe any insurance company for automobile insurance premiums due or contracted during the preceding twenty-four (24) months;
  - (4) understand that if I owe money for a prior CAARP policy which I have not formally appealed to the California Insurance Commissioner, the money I submit with this application for a new CAARP policy will be applied to that prior policy, and I am not entitled to a refund of the money I submit with this application, even if coverage for this new policy is terminated, until I pay the full amount owed for all current and prior CAARP policies;
  - (5) understand the agent/broker is not acting as an agent of any company for the purposes of this insurance;
  - (6) agree that no coverage will be effective if my premium remittance is justifiably dishonored by the financial institution;
  - (7) will remit a check, money order, or a bank draft of the applicant, producer of record, or financing institution, as directed by the insurer, for the balance of the full premium for the policy, within 30 days of notification or, if I have so elected in Option 3 of Section 7 of this application, to make payments as specified in the CAARP Interest-free Payment Plan Regulation (Section 26);
  - (8) certify that this application was written and signed as of the date shown;
  - (9) realize that any misleading information, or failure to disclose required information, will not be considered good faith on my part and will prejudice my application for insurance; and
  - (10) understand that my refusal or failure to provide the assigned insurer with pertinent underwriting information that would have a direct bearing on the rating of my policy may result in additional charges, cancellation, or nonrenewal of my policy.
  - (11) certify that, to the best of my knowledge and belief, all statements contained in this application are correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_  A.M.  P.M.

**18. PRODUCER - YOUR SIGNATURE CERTIFIES THE FOLLOWING:**

I certify, under penalty of perjury, that I have personally asked the applicant every question on this application and accurately noted each of the applicant's responses. In addition, I certify that legible photocopies of the applicant's and principal operator's driver's license(s) (unless suspended or revoked), as well as each vehicle registration, are attached. I certify that this application is submitted pursuant to the effective date provisions of the California Plan. In the event the policy is cancelled or a change is made resulting in a return premium to the Insured, I agree to return the unearned commission portion of such premium. The information contained herein is accurate to the best of my knowledge.

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_  A.M.  P.M.

**19. NOTE - FEES ARE ILLEGAL**

Section 11624.5 of the California Insurance Code provides: No insurance agent, broker or solicitor shall make any charge to the applicant, directly or indirectly, for furnishing any person the necessary application forms, technical assistance and services necessary to perfect an application through the Plan other than such commission as is paid by the insurer pursuant to the provisions of such Plan.

**ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THE APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL PENALTIES.**

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

Complaints about insurance companies, agents or brokers can be directed to the California Department of Insurance, Consumer Services Division at (800) 927-4357.

EXHIBIT C

**California Commercial Automobile Insurance Procedure  
Authorization to Change Producer of Record**

Assigned Company: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Assigned Company Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Statement of Insured:**

I, \_\_\_\_\_, hereby request and authorize my assigned insurance company, named above, to amend my policy to reflect a change of my producer from \_\_\_\_\_ to \_\_\_\_\_  
prior producer of record new producer of record

effective as of \_\_\_\_\_  
Renewal Effective Date

This change of producer shall only become effective as of the effective date of the renewal policy.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

**New Producer Information:**

Name: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

License Number: \_\_\_\_\_

S.S. No./Tax ID No.: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Prior Producer Information:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

**Statement of New Producer:**

I hereby certify that I am a duly licensed certified producer in the state of California. I understand that, as of the effective date of this change all future compensation transactions related to return premium and additional premium shall be my responsibility as the new producer of record.

New Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** This form must be fully completed, signed by both the insured and producer, and forwarded immediately to the assigned company named herein. The new producer must also send a copy of this form to the prior producer.



EXHIBIT D

California Commercial Automobile Insurance Procedure  
Notice of Agency Acquisition/Transfer/Merger

Assigned Company: \_\_\_\_\_

Assigned Company Address: \_\_\_\_\_  
\_\_\_\_\_

**New Producer Information:**

Name: \_\_\_\_\_

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

License Number: \_\_\_\_\_

S.S. Number  
or Tax ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Prior Producer Information:**

Name: \_\_\_\_\_

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

License Number: \_\_\_\_\_

S.S. Number  
or Tax ID Number: \_\_\_\_\_

I hereby affirm the transaction contained  
within this form.

\_\_\_\_\_  
Prior Producer's Signature                      Date

**Statement of New Producer:**

I hereby certify that I am a duly licensed certified producer in the state of California.

I understand this change of producer shall become effective for each policy shown below as of the effective date of the renewal.

I understand that, as of the effective date of this change, all future compensation transactions related to return premium and additional premium shall be my responsibility as the new producer of record.

I understand that it is my responsibility to notify each insured listed below with regard to this change of producer.

Date of Completion of Form: \_\_\_\_\_

New Producer's Signature/Date: \_\_\_\_\_

This form must be fully completed, signed by both the new and prior producer, and forwarded immediately to each assigned company.

	NAME OF INSURED	POLICY NUMBER	EFFECTIVE DATE
1.			
2.			
3.			
4.			
5.			

*\*Please provide AIP Case number if policy number is unknown.*

For additional insureds, please attach a separate sheet.