





**7. VEHICLE**

- Does any vehicle have any non-factory additions, alterations, or modifications?  Yes  No (If Yes, describe in Remarks, attach photo, and submit Additional Customized Equipment Request UA-189 unless collector vehicle.)
- Is the principal garaging location of the vehicle(s) different than the risk address? (If yes, need address, zip code, and why garaged away from premises.)  
 Yes  No Vehicle #1 \_\_\_\_\_  Yes  No Vehicle #2 \_\_\_\_\_  
 Yes  No Vehicle #3 \_\_\_\_\_  Yes  No Vehicle #4 \_\_\_\_\_

**8. APPLICANT / ADDED DRIVER**

The following information applies to the added driver(s):

- Has the applicant had his/her license suspended or revoked during the past five years?  Yes  No
- Has the applicant had a vehicle stolen or burned within the past five years?  Yes  No **\*\*If Yes, contact your Underwriter prior to binding.**
- How long has applicant resided at the present address? \_\_\_\_\_  
 If less than three years, list previous address and prior state driver's license number \_\_\_\_\_  
 \_\_\_\_\_ How many addresses in last three years? \_\_\_\_\_
- Has the applicant been a driver of an auto involved in an accident during the past three years where the driver's physical impairment was a contributing factor?  Yes  No
- Has the applicant suffered from blacking out as a result of a medical condition during the past three years?  Yes  No  
**\*\*If Yes, contact your Underwriter prior to binding.**
- Has the applicant(s) ever been convicted of a felony?  Yes  No **\*\*If Yes, contact your Underwriter prior to binding.**
- Previous Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 How long insured with previous insurer? Years \_\_\_\_\_ Months \_\_\_\_\_ (Attach Offer to Renew) If previously uninsured, explain in Remarks.

**COLLECTOR CAR PROGRAM UNDERWRITING \*\*\*If Yes, contact your Underwriter.**

- Is any collector vehicle used for daily transportation?  Yes  No
- Is any collector vehicle not kept in a fully enclosed and locked structure?  Yes  No
- Is any collector vehicle used in any form of racing, exhibition of speed, or power, or timed event?  Yes  No
- If any collector vehicle is 4-wheel drive or all-wheel drive, is it used for rock crawling or any other competitive function?  Yes  No

**9. REMARKS**

REMARKS

<b>Cashback<sup>SM</sup> TRANSFER AUTHORIZATION (Where Available)</b> <input type="checkbox"/> I authorize transfer of my Cashback <sup>SM</sup> account to _____  Cashback <sup>SM</sup> Owner's Signature X _____	<b>HOME OFFICE USE</b> Referred  Approved
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**CANCELLATION:**

In accordance with the terms of the policy contract, this policy is to be cancelled. **Reason for Cancellation:**  
 Insured's Signature X \_\_\_\_\_ (Required when cancelling policy)

**ANTIFRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

**FAIR CREDIT REPORTING PRE-NOTIFICATION**

This is to inform you that as a part of our procedure for processing your application, an investigative consumer report may be made whereby information is obtained through personal interviews with third parties, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and a summary of your rights under the Fair Credit Reporting Act.

I have read the ANTIFRAUD WARNING and FAIR CREDIT REPORTING PRE-NOTIFICATION statements and I authorize American National to obtain copies of motor vehicle driving records, credit reports, or any other investigative reports or credit report necessary for the purpose of underwriting and/or rating this application or renewal of any policy issued and/or investigating any claims presented. I understand that American National may report claim information to insurance support organizations. It is my decision to purchase the coverages and limits set forth herein. This agreement shall be effective when signed below or in counterpart and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

Insured's Signature	X	Date	
Agent Signature	Agent Name (Print or Stamp)	(Month) (Day) (Year) (Time)	Amount Received
		<input type="checkbox"/> A. M. <input type="checkbox"/> P. M.	\$