



CHUNG KUO INSURANCE CO., LTD.
General Agent: **GREAT NATIONAL INSURANCE UND., INC.**

AUTOMOBILE INSURANCE APPLICATION

This Application will be attached to and form a part of Policy # _____

The Insurance afforded is only with respect to such of the following coverages as are indicated below and by a specific premium charge or charges in the space provided corresponding to the coverage listed. The limit of the Company's liability against each such coverage shall be as stated herein; subject to all terms and conditions of the policy having reference thereto.

Policy Period Effective: M Local Time on: _____		To 12:01 a.m. Local Time on: _____	
NAME OF INSURED: _____			
ADDRESS: _____		PRODUCING AGENT: _____	
S.S. NO. _____	DRIVER'S LICENSE NO. _____	LIENHOLDER (NAME OF MORTGAGEE, IF ANY) _____	AMOUNT OF LIEN _____
AGE: _____	PHONE NO. _____	ADDRESS: _____	DATE OF FINAL PAYMENT _____
	EMAIL ADD: _____		
OCCUPATION (IF MILITARY GIVE BRANCH & RANK) _____		LIST NAME(S) OF ANY CO-OWNER(S) OF AUTOMOBILE (OTHER THAN LIENHOLDER) _____	
VEHICLE DESCRIPTION (IF MORE THAN ONE, LIST SCHEDULE OF VEHICLES) _____	YEAR _____	TRADE NAME _____	MODEL _____
	SERIAL NO. OR VIN NO. _____		PLATE LICENSE NO. _____
COVERAGE	LIMITS OF LIABILITY		PREMIUMS
A. BODILY INJURY	Each person	Each Accident	
B. PROPERTY DAMAGE		Each Accident	
C. MEDICAL PAYMENTS		Each Person	
D. COMPREHENSIVE	WITH _____	Deductible	
E. COLLISION OR UPSET	WITH _____	Deductible	
F. UNINSURED MOTORISTS	Each person	Each accident	
G. OTHERS _____		Attached	
DRIVER'S CLASS _____	RATE MODIFIER _____	NET PREMIUM _____	
<i>"I/We hereby declare that only drivers as classified in this application are authorized to drive the automobile(s) to be insured."</i>			
DISCOUNTS: Due to _____	Increased Deductible	% of "E"	
	Fleet to be Insured	% of "A", "B", "D", "E"	
	No-Claim Record	% of "A", "B", "D", "E"	
	Multi-Car to be _____	% of "A", "B", "D", "E"	
	Good Student	% of "D" & "E"	
		% of "A" & "B"	
SURCHARGES: Due to _____	Decreased Deductible	% of "E" net of Discount	
	Drivers status of Age	% (apply approved rate shown in reversed side)	
	Business Use	% of Total Premium	
MINIMUM EARNED PREMIUM 30% OF ANNUAL PREMIUM BUT NOT LESS THAN \$30.00 AND NOT MORE THAN \$50.00		TOTAL PREMIUM _____	
Statement of Insured (any "yes" answer for question 1 through 5 must be fully explained in the space provided for "Remarks")			
HAS ANYONE WHO WILL DRIVE THE INSURED VEHICLE. . . .			YES NO
1. HAD AUTOMOBILE INSURANCE DECLINED, CANCELED OR RENEWAL REFUSED?			
2. HAD THEIR DRIVER'S LICENSE OF PERMIT REVOKED, SUSPENDED OR RESTRICTED?			
3. HAD A MOVING TRAFFIC VIOLATION WITHIN THE LAST THREE YEARS OR BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR HARMFUL DRUGS?			
4. HAD AN ACCIDENT (AS A DRIVER) WITHIN THE LAST THREE YEARS?			
5. HAD OR CONTINUED TO HAVE A PHYSICAL OR MENTAL DEFICIENCY OR IMPAIRMENT?			
6. PLEASE GIVE NAME AND POLICY NUMBER OF PREVIOUS INSURANCE CO.:			
7. PLEASE GIVE ESTIMATE OF ANNUAL MILEAGE OF INSURED VEHICLE(S):			
REMARKS: _____			

I hereby warrant the truth of the above Statements, and I declare that I have not withheld any information whatever which might tend in any way to increase the risk of the Company or influence the acceptance of this Application; I understand that any false statement by me will constitute a breach of warranty and cause the Policy to be void as provided by the conditions of the Policy. I agree that this Application shall be the basis of the Policy between me and the Company.

Signature of Applicant

Signature of Agent

Date

PRINCIPAL OPERATOR

A person who holds a valid driver's license to drive an automobile and who regularly or customarily drives the vehicle.

OCCASIONAL DRIVER

A person who is not classified as a principal operator and his operation of vehicle is occasional incidental and unpredictable but he can usually be expected to operate the vehicle during policy year.

	DRIVERS CLASSIFICATION	Rate Modifie	Named Driver(s)
<input type="checkbox"/>	1. Adults, not otherwise classified and unmarried Female Age 21 and over	1.00	
<input type="checkbox"/>	2. Unmarried Female under Age 21	1.45	
<input type="checkbox"/>	3. Married Male under Age 21	1.55	
<input type="checkbox"/>	4. Married Male Age 21 to 24 and Unmarried Male not owner or not principal operator Age 21 to 24	1.10	
<input type="checkbox"/>	5. Unmarried Male not owner or not principal operator under Age 21	1.75	
<input type="checkbox"/>	6. Unmarried Male owner or principal operator under Age 21	2.55	
<input type="checkbox"/>	7. Unmarried Male owner or principal operator Age 21 to 24	1.60	
<input type="checkbox"/>	8. Unmarried Male owner or principal operator Age 25 to 29	1.50	

PURPOSE OF USE OF THE INSURED VEHICLE:

- Pleasure or Non-Business Business Purpose Others
Specify _____

The Geographical Area in which this Policy applies is: Guam