1. PRODUCER
2. APPLICANT’S NAME AND MAILING ADDRESS (Include county & ZIP+4)

AGENCY CODE: PRODUCER ID#:
AGENCY CUSTOMER ID

3. SERVICING CARRIER

4a. EFFECTIVE DATE 4b. EXPIRATION DATE 5. PAYMENT OPTION 6. FIRE DIST

7. RESIDENCE CURRENT RESIDENCE IS OWNED RENTED

PREVIOUS ADDRESS (if less than 3 years)

8. NON-OWNED VEHICLE INFORMATION

A. USE OF THE NON-OWNED VEHICLE(S) MAY BE DESCRIBED AS:

B. TYPE OF VEHICLE THE APPLICANT WILL OPERATE:

C. DO YOU OWN A CAR?

D. WILL VEHICLE WILL BE OPERATED IN THE APPLICANT’S OCCUPATION OR BUSINESS?

E. IS THE VEHICLE OWNED BY A MEMBER OF THE HOUSEHOLD?

F. IF THE ANSWER TO C OR D IS “YES”, GIVE THE NAME OF THE INSURANCE COMPANY PROVIDING LIABILITY COVERAGE:

3. IS THE APPLICANT EXCLUDED?

YES NO

9. COVERAGES/PREMIUMS

10. DRIVER INFORMATION

# NAME SEX MAR STAT REL TO APPLIC DATE OF BIRTH OCC DATE LIC ACC PREV CERT** DRIVER TRAINING** DRIVERS LICENSE # / LIC STATE SOCIAL SECURITY #

11. ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)

Have you had an accident, regardless of fault, or been convicted of a moving violation within the last years?

YES NO

12. EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT’S EMPLOYER ADDRESS OF EMPLOYMENT WORK PHONE NUMBER YEARS W/ COMPANY YEARS W/ PREV EMPLOY

13. PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER # OF YEARS W/ COMPANY PRIOR POLICY NUMBER / EXPIRATION DATE

SCAAIP-27 (2/99)

ACORD 180 SC (2/99) PLEASE COMPLETE REVERSE SIDE © ACORD CORPORATION 1999
### 14. OTHER PLAN COVERAGE

<table>
<thead>
<tr>
<th>Current Plan in Force Policy Information</th>
<th>Policy #</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

### B. IF AN APPLICATION FOR PLAN COVERAGE HAS BEEN SUBMITTED TO A SERVICING CARRIER FOR WHICH A POLICY HAS NOT YET BEEN ISSUED, COMPLETE THE FOLLOWING:

<table>
<thead>
<tr>
<th>Servicing Carrier</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Date Application Submitted</th>
<th>Type of Application</th>
</tr>
</thead>
</table>

### 15. GENERAL INFORMATION

**EXPLAIN ALL "YES" RESPONSES IN REMARKS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Explain All &quot;YES&quot; Responses in Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any other losses incurred (not shown in Accident/Conviction area)?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Any other auto insurance in household? (Include any provided by employer)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Any household member in military service? (Driver number)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Any drivers license been suspended/revoked?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Any financial responsibility filing? (Driver number and date of filing)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Any coverage been refused?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**QUESTION #6 -- PLEASE PROVIDE NAME OF INSURANCE COMPANY OR AGENT AND REASON(S) AND APPROXIMATE DATE COVERAGE WAS REFUSED**

### 16. REMARKS

**EFFECTIVE DATE AND TIME:**

**IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION**

**COVERAGE IS ONLY APPLICABLE WITHIN THE STATE OF SOUTH CAROLINA**

### 17. ATTACHMENTS

- Copy of Motor Vehicle Report
- Driver Training Certificate
- Accident Prevention Certificate

### 18. SIGNATURES

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 servicing carrier 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.

APPLICANT’S STATEMENT: I declare and certify that (1) I have tried to obtain automobile insurance in the voluntary market from an insurer licensed to transact business in this state within the preceding 60 days and have been unable to obtain such insurance. (2) To the best of my knowledge and belief all statements contained in this application are true and correct and these statements are offered as an inducement to the servicing carrier to issue the policy for which I am applying. (3) I realize that any false or misleading information or failure to disclose required information will not be considered good faith on my part and will prejudice my application for insurance. (4) I understand that the premium indicated under item #5 of this application is an estimated premium and may be subject to modification. (5) I hereby agree to pay in full all premiums when due. (6) I do not owe any insurance company for automobile premiums past due or contracted, and I understand that this application can be rejected if such past due premium has not been paid. (7) I designate as producer of record for this insurance, the producer, or firm named in this application. I understand he/she is not acting as an agent of any servicing carrier or the South Carolina Associated Auto Insurers Plan.

**IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION**

**COVERAGE IS ONLY APPLICABLE WITHIN THE STATE OF SOUTH CAROLINA**

SECTION 56-10-250: Unlawful to sell vehicle with suspended registration to family member.

It is unlawful for any vehicle owner to sell or otherwise dispose of any motor vehicle, for which the registration and license plates have been suspended, to any member of his family residing in the same household. Any person violating the provisions of this Section is guilty of a misdemeanor and, upon conviction, must be fined not less than $100 nor more than $200 or imprisoned for 30 days and, upon conviction for a second offense, be fined $200 or imprisoned for 30 days, or both, and for a third and subsequent offenses must be imprisoned for not less than 45 days nor more than 6 months. Only convictions which occurred within 5 years including and immediately preceding the date of the last conviction constitute prior convictions within the meaning of this Section.

The applicant must answer the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>YES NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you owned a motor vehicle registered in South Carolina during the last 12 months?</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2. If so, has the title to this motor vehicle been transferred to another person?</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. If so, give the name of the other person:</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE:**

**This application having been completed and duly executed shall be evidence of insurance and the limits and coverages specified, subject to the following conditions:**

1. The producer forwards this application to the servicing carrier and it is received by the servicing carrier within 5 working days of the date and time of its completion.
2. The evidence of automobile insurance is to be effective for a period not to exceed 30 days from the effective date and time stated herein. Coverages under this evidence of automobile insurance will terminate immediately upon: (a) The issuance of the policy applied for, (b) The issuance of any policy affording similar insurance, or (c) The cancellation of the coverage of insurance afforded hereunder in accordance with the rules of the South Carolina Associated Auto Insurers Plan.
3. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured.
4. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the rules of the South Carolina Associated Auto Insurers Plan.

**EFFECTIVE DATE AND TIME:**

**PRODUCER’S STATEMENT:**

**NOTICE TO APPLICANT AND PRODUCER:** If you have not received your automobile insurance policy within 30 days, notify the Association Office, PO Box 11099, Columbia, SC 29211.

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