

INVESTIGATIVE PRACTICES AND PROTECTION OF YOUR PRIVACY

THIS NOTICE APPLIES ONLY TO INSURANCE TRANSACTIONS INVOLVING INSURANCE PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD NEEDS.

Dear Policyholder,

As part of our service to you as a policyholder, we want you to understand the investigative practices that may be used to verify pertinent policy information. We want to assure you that we are as concerned as you are about your privacy and we make every effort to protect it.

COLLECTION OF INFORMATION

Most of the information we get comes directly from you at the time that you apply for insurance. In most cases, this is all the information that we need. Sometimes, however, we may need further information or may need to verify information you've given us. In those cases, you, your spouse, or another adult member of your household may be contacted by us either by phone or by mail.

In some instances, we employ the common insurance industry practice of asking an outside source, called a "consumer reporting agency" or "insurance support organization," to contact you or someone in your household.

TYPES OF INFORMATION

The information that is collected is used to help us decide if you qualify for the insurance that you have applied for.

Information such as the use of your vehicle(s), ages and drivers, mileage, items relating to the individual such as personal habits and characteristics, credit items, prior accidents and driving violations, prior arrests or convictions, previous insurance experience, etc., may be requested with regard to your personal vehicles.

Information such as construction type, roof construction, square footage, heating, other physical characteristics, housekeeping habits, personal habits and characteristics, previous insurance experience, etc., may be requested with regard to policies covering your personal property.

This information is kept in a confidential policy file that only members of our organization have access to. We refer to this information for the purpose of issuing and servicing your policy and for settling claims.

WHAT WE DO WITH INFORMATION ABOUT YOU

With few exceptions, we generally do not release any of the information that we've collected about you to anyone else without your consent. When the disclosure is necessary for us to conduct our business we may share information about you without your prior consent.

We want to assure you that the only persons that this information might be released to would be persons involved with insurance, such as:

1. Your Agent, who may need the information to service your policy.
2. Another insurance company, if you submit an application for insurance to them.
3. Persons who need this information to perform normal business functions for us, such as lawyers, insurance support organizations, adjusters, appraisers or investigators.
4. Persons conducting scientific research on our behalf. (Any information involving you will not be individually identifiable).
5. A medical professional to inform you of a medical condition of which you may not be aware.
6. Our affiliated companies.

Information obtained from a report prepared by an insurance support organization may be retained by that organization and disclosed to other persons who use these reports, but only to the extent permitted by Federal and State Fair Credit Reporting Acts.

ACCESS TO AND CORRECTION OF PERSONAL INFORMATION

You have the right to know the contents of any recorded personal information that our file may contain about you. You also have the right to receive a copy of this information and to request that we correct, amend or delete any of the information that you feel is in error.

These rights do not extend to information collected in connection with or reasonable anticipation of a claim or civil or criminal proceeding, or to specific items of privileged information when an applicant or policyholder is suspected of fraud, material misrepresentation or material nondisclosure.

If you would like more information about how to review and correct recorded personal information, please write to us and we will be glad to provide you with a description of the necessary procedures.

If, after reading this, you have any further questions, please feel free to contact us or your Farmers Agent.

NOTICE REQUIRED BY THE FAIR CREDIT REPORTING ACT

Federal law (15 USC sec. 1681 d), requires all insurance companies to notify their policyholders that an investigation may be made as to character, general reputation, personal characteristics and mode of living, whichever are applicable.

Additional information regarding the nature and scope of any such investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.

INSURANCE BINDER The insurance has been applied for and is bound for 60 days from the Effective Date pending issuance of a policy to the Named Insured. **THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND CHANGE (INCREASE OR DECREASE), WHEN NECESSARY, BY THE COMPANY.** Please accept this form as a binder.

NAMED INSURED			POLICY NUMBER		
ADDRESS					
AUTHORIZED REPRESENTATIVE				DATE	
ADDRESS				PHONE	
STATE	DIST.	AGENT	EFFECTIVE DATE	RENEWAL DATE OF POLICY IF ISSUED	
			AT	A.M. P.M.	AT A. M. P. M.

BODILY INJURY	\$	each person	,000	\$	each occurrence	,000
PROPERTY DAMAGE	\$			\$	each occurrence	,000
UNINSURED MOTORIST	\$	each person	,000	\$	each occurrence	,000
		PROPERTY DAMAGE	<input type="checkbox"/> \$3,500		COLLISION DEDUCTION WAIVER	<input type="checkbox"/>
UNDERINSURED MOTORIST (SEPARATE COV IF APPLICABLE)	\$	each person		\$	each occurrence	
MEDICAL EXPENSE	\$	each person	,000	MODIFIED MEDICAL		<input type="checkbox"/>
COMPREHENSIVE CAR DAMAGE				\$		ded.
COLLISION				\$		ded.
TOWING		<input type="checkbox"/> YES <input type="checkbox"/> NO				
AUTO ACCIDENTAL DEATH INDEMNITY				AMOUNT OF INSURANCE	\$	
OTHER:						
QUOTED PREMIUM (LESS FEES)						
MEMBERSHIP / POLICY FEE						
YEAR AND MAKE OF VEHICLE			VEHICLE ID NUMBER			
ISSUING COMPANY						

LIENHOLDER
Loss Payable
Endorsement
In Favor Of



FARMERS

1. HOUSEHOLD INFORMATION

CALIFORNIA

AUTO APPLICATION

<input type="checkbox"/> NEW HOUSEHOLD NEW BUSINESS		<input type="checkbox"/> EXISTING HOUSEHOLD NEW BUSINESS		<input type="checkbox"/> REINSTATEMENT OVER 6 MONTHS		<input type="checkbox"/> INQUIRY NON-BOUND APPLICATION		<input type="checkbox"/> REWRITE		<input type="checkbox"/> FARMERS		<input type="checkbox"/> MCA					
Insured's Initial _____																	
AGENT OF RECORD			PAY COMMISSION TO			HOUSEHOLD DATE			MASTER HOUSEHOLD # (EXISTING HOUSEHOLDS ONLY)			HOME PHONE: () _____					
ST.	DIST.	AGENT	ST.	DIST.	AGENT	MO.	DAY	YR.						WORK PHONE: () _____ <small>(OPTIONAL)</small>			
PRIMARY INSURED (First, Middle, Last) - (as shown on driver's license)												RESIDENCE TYPE: (DESCRIBE)					
RESIDENCE ADDRESS STREET } CITY } STATE } ZIP CODE }												<input type="checkbox"/> OWN					
												<input type="checkbox"/> RENT					
												DATE MOVED TO THIS ADDRESS, IF LESS THAN 5 YRS.		MO.	YR.		
NO. OF JOBS LAST 5 YEARS												EMPLOYER REQUIRES PROOF OF INSURANCE (SHOW INFORMATION UNDER SECTION 9)?		OTHER FARMERS INSURANCE GROUP POLICIES?			
												<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			

2. VERIFIABLE ACCIDENT RECORD

<input type="checkbox"/>	COMPANY NAME			VERIFIABLE ACCIDENT RECORD FOR:			
	POLICY NUMBER	FROM	TO	_____ YEARS	_____ MONTHS	MINIMUM 1 YEAR FOR PREFERRED 3 YEARS FOR PREMIER	

3. CLIENT DRIVER INFORMATION (IF AGE 14 OR OLDER)

LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF RESIDENCE	"PRIMARY INSURED" 1	"CLIENT/DRIVER" 2	"CLIENT/DRIVER" 3
NAME: FIRST			
"AS SHOWN ON ADDRESS" MIDDLE			
DRIVER'S LICENSE" LAST			
NAME IF DIFFERENT FROM DECLARATION PAGE			
GENDER / BIRTH DATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE MO. DAY YR.	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE MO. DAY YR.	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE MO. DAY YR.
SOCIAL SECURITY #			
IF NON-DRIVER, GIVE REASON			
DRIVER LICENSE #			
	MARITAL STATUS	MARITAL STATUS RESIDENT RELATION TO PRIMARY INSURED	MARITAL STATUS RESIDENT RELATION TO PRIMARY INSURED
IF NON-RESIDENT CLIENT/DRIVER, GIVE REASON. COMPLETE SECTION 11			
IF NETWORK MVR ORDERED, DATE	MO. DAY YR.	MO. DAY YR.	MO. DAY YR.
OCCUPATION			
IF UNEMPLOYED, DATE	MO. YR.		
CURRENT EMPLOYMENT START DATE	MO. YR.		
SR. DEFENSIVE DRIVER COURSE	MO. YR.	MO. YR.	MO. YR.
ONE WAY MILEAGE WORK/SCHOOL	MILES	MILES	MILES
DATE FIRST LICENSED (US/CANADA)	MO. YR.	MO. YR.	MO. YR.
DATE FIRST LICENSED OTHER COUNTRY	MO. YR.	MO. YR.	MO. YR.
MOTORCYCLE LICENSE INCEPT. DATE	MO. YR.	MO. YR.	MO. YR.
GOOD STUDENT ELIGIBLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NON-OWNED VEHICLE USED IN JOB?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
STATE FILING REQUIRED? (COMPLETE SECTION 4 IF YES)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ANY INCIDENTS LAST 5 YEARS? (COMPLETE SECTION 5 IF YES)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. FINANCIAL RESPONSIBILITY FILING INFORMATION

DRIVER NO. _____ FILING TYPE _____ DATE FILING NO LONGER REQUIRED _____ / _____ FILING FORM _____ CASE NO. _____
REASON FILING IS REQUIRED _____ VEHICLE REQUIRING FILING _____ (last 3 digits) IF OUT OF STATE FILING, DRIVERS LIC. NO. _____ ISSUE STATE _____

5. INCIDENT INFORMATION

SHOW ACCIDENTS PAST 3 YEARS, CITATIONS AND OTHER LOSSES DURING PAST 3 YEARS (MAJOR CONVICTIONS PAST 5 YEARS)

DRIVER NO.	INCIDENT DATE MO. YR.	STATE	<input type="checkbox"/> CITATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER LOSS	DESCRIBE	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> MEDICAL <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> COLLISION	FAULT %	TOTAL \$ AMOUNT (ACC/OTHER LOSS ONLY)
DRIVER NO.	INCIDENT DATE MO. YR.	STATE	<input type="checkbox"/> CITATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER LOSS	DESCRIBE	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> MEDICAL <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> COLLISION	FAULT %	TOTAL \$ AMOUNT (ACC/OTHER LOSS ONLY)
DRIVER NO.	INCIDENT DATE MO. YR.	STATE	<input type="checkbox"/> CITATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER LOSS	DESCRIBE	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> MEDICAL <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> COLLISION	FAULT %	TOTAL \$ AMOUNT (ACC/OTHER LOSS ONLY)
DRIVER NO.	INCIDENT DATE MO. YR.	STATE	<input type="checkbox"/> CITATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER LOSS	DESCRIBE	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> MEDICAL <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> COLLISION	FAULT %	TOTAL \$ AMOUNT (ACC/OTHER LOSS ONLY)

6. VEHICLE AND POLICY DESCRIPTION

VEHICLE NO. 1 PASSENGER VEHICLE
 ALTERED, KIT, ANTIQUE, PREMIUM DETERMINATION

VIN: _____

POLICY NUMBER VEHICLE NO. 1: _____

INQUIRY NON-BOUND
INQUIRY DATE: MO. | DAY | YR. _____

FARMERS MID-CENTURY
'X' POLICY TYPE STANDARD PREFERRED
 PREMIER PACKAGE PREMIER NON-PACKAGE

BOUND
EFFECTIVE DATE: MO. | DAY | YR. _____ RENEWAL DATE: MO. | DAY | YR. _____

PREMATIC ACCOUNT NUMBER: _____

YEAR: _____ MANUFACTURER: _____ MODEL: _____

VEHICLE TYPE: CAR TRUCK VAN
ANTI-LOCK BRAKE TYPE: NONE REAR ONLY 4 WHEEL
WEEKLY MILEAGE: _____

PASSIVE RESTRAINT TYPE: _____ TRUCK GVW: _____ DATE VEHICLE INSPECTED: MO. | DAY | YR. _____

PHOTOS TAKEN: _____ LIST PRICE (NEW) \$: _____
HOMEMADE? YES NO HIGH PERFORMANCE? YES NO

SPORTS CAR? YES NO FIBERGLASS BODY? YES NO
4 WHEEL DRIVE? YES NO GRAY MARKET VEHICLE? YES NO

PREMIUM DETERMINATION? (P) YES NO PREMIUM DETERMINATION/ANTIQUÉ VALUE: _____
ANTIQUÉ POLICY? (A) YES NO \$: _____

VEHICLE NO. 2 PASSENGER VEHICLE
 ALTERED, KIT, ANTIQUE, PREMIUM DETERMINATION

VIN: _____

POLICY NUMBER VEHICLE NO. 2: _____

INQUIRY NON-BOUND
INQUIRY DATE: MO. | DAY | YR. _____

FARMERS MID-CENTURY
'X' POLICY TYPE STANDARD PREFERRED
 PREMIER PACKAGE PREMIER NON-PACKAGE

BOUND
EFFECTIVE DATE: MO. | DAY | YR. _____ RENEWAL DATE: MO. | DAY | YR. _____

PREMATIC ACCOUNT NUMBER: _____

YEAR: _____ MANUFACTURER: _____ MODEL: _____

VEHICLE TYPE: CAR TRUCK VAN
ANTI-LOCK BRAKE TYPE: NONE REAR ONLY 4 WHEEL
WEEKLY MILEAGE: _____

PASSIVE RESTRAINT TYPE: _____ TRUCK GVW: _____ DATE VEHICLE INSPECTED: MO. | DAY | YR. _____

PHOTOS TAKEN: _____ LIST PRICE (NEW) \$: _____
HOMEMADE? YES NO HIGH PERFORMANCE? YES NO

SPORTS CAR? YES NO FIBERGLASS BODY? YES NO
4 WHEEL DRIVE? YES NO GRAY MARKET VEHICLE? YES NO

PREMIUM DETERMINATION? (P) YES NO PREMIUM DETERMINATION/ANTIQUÉ VALUE: _____
ANTIQUÉ POLICY? (A) YES NO \$: _____

7. CUSTOMIZATION DESCRIPTION

VEHICLE NO. _____ FURNITURE INTERIOR CARPET INSULATION
 SLEEPING FACILITIES KITCHEN OR DINING FACILITIES SPECIAL PAINT GRAPHIC PAINT
 WALL COVERING HEIGHT EXTENDED ROOF BATHROOM FACILITIES WET/DRY BAR
 DECAL PAINT MURALS PAINT

OTHER: _____

TOTAL COST OF CUSTOMIZATION (INCLUDING LABOR) \$ _____

DO YOU WANT CUSTOMIZATION COVERAGE ON THE VEHICLE? YES NO

8. LIENHOLDER / OTHER INTEREST INFORMATION (LIST ADDITIONAL LIENHOLDER/OTHER INTEREST IN REMARKS)

VEHICLE NO. _____

LIENHOLDER LESSOR CERTIFICATE OF INSURANCE EMPLOYER REQUIRING PROOF
 ADDITIONAL INSURED REGISTERED OWNER OTHER _____
(IF INDIVIDUAL, EXPLAIN IN REMARKS)

LOAN NO. _____

INDIVIDUAL OR COMPANY _____

ATTENTION _____

STREET _____

CITY _____ STATE _____ ZIP _____

VEHICLE NO. _____

LIENHOLDER LESSOR CERTIFICATE OF INSURANCE EMPLOYER REQUIRING PROOF
 ADDITIONAL INSURED REGISTERED OWNER OTHER _____
(IF INDIVIDUAL, EXPLAIN IN REMARKS)

LOAN NO. _____

INDIVIDUAL OR COMPANY _____

ATTENTION _____

STREET _____

CITY _____ STATE _____ ZIP _____

COMPLETE THIS SECTION FOR AN INQUIRY (NON-BOUND APPLICATION)

- I hereby declare the facts stated in this inquiry form to be true.
- I understand that no insurance coverage is in effect and no liability of any kind shall attach to the Company "X'd" on page three through the submitting of this inquiry. I authorize the driving record of all drivers to be checked through the State Motor Vehicle Department.

Date ► _____
MONTH DAY YEAR

Signed ► _____

AGENT'S STATEMENT

Date ► _____
MONTH DAY YEAR

Agent's Phone _____

Agent's Signature ► _____

COMPLETE THIS SECTION FOR ALL BOUND TRANSACTIONS

SUBSCRIPTION AGREEMENT APPLIES TO FARMERS INSURANCE EXCHANGE ONLY

For and in consideration of the benefits to be derived therefrom the Subscriber covenants and agrees with the Farmers Insurance Exchange and other subscribers thereto through their and each of their attorney-in-fact, the Farmers Underwriters Association, to exchange with all other subscriber's policies of insurance or reinsurance containing such terms and conditions therein as may be specified by said attorney-in-fact and approved by the Board of Governors or its Executive Committee for any loss insured against, and subscriber hereby designates, constitutes and appoints said Association to be attorney-in-fact for subscriber, granting to it power to substitute another in its place and in subscriber's name, place and stead to do all things which the subscriber or subscribers might or could do severally or jointly with reference to all policies issued, including cancellation thereof, collection and receipt of all monies due the Exchange from whatever source and disbursement of all loss and expense payments, effect reinsurance and all other acts incidental to the management of the Exchange and the business of inter-insurance; subscriber further agrees that there shall be paid to said Association, as compensation for its becoming and acting as attorney-in-fact, the membership fees and twenty per centum of the Premium Deposit for the insurance provided and twenty per centum of the premiums required for continuance thereof.

The remaining portion of the Premium Deposit and of additional term payments made by or on behalf of the subscriber shall be applied to the payment of losses and expenses and to the establishment of reserves and general surplus. Such reserves and surplus may be invested and reinvested by a Board of Governors duly elected by and from subscribers in accordance with provisions of policies issued, which Board or its Executive Committee or an agent or agency appointed by written authority of said Executive Committee shall have full powers to negotiate purchases, sales, trades, exchanges and transfers of investments, properties, titles and securities, together with full powers to execute all necessary instruments. The expenses above referred to shall include all taxes, license fees, attorneys' fees and adjustment expenses and charges, expenses of members' and governor's meetings, agent's commissions, and such other specified fees, dues and expenses as may be authorized by the Board of Governors. All other expenses incurred in connection with the conduct of the Exchange and such of the above expenses as shall from time to time be agreed upon by and between the Association and the Board of Governors or its Executive Committee shall be borne by the Association.

The principal office of the Exchange and its attorney-in-fact shall be maintained in the City of Los Angeles, County of Los Angeles, State of California.

This agreement can be signed upon any number of counterparts with the same effect as if the signatures of all subscribers were upon one and the same instrument, and shall be binding upon the parties thereto, severally and ratably as provided in policies issued. Wherever the word "subscriber" is used the same shall mean members of the Exchange, the subscriber hereto, and all other subscribers to this or any other like agreement. Any policy issued hereon shall be non-assessable.

APPLICABLE ONLY TO THE STATES WITH THE PRIVACY ACT: I have received a copy of the INVESTIGATIVE PRACTICES AND PROTECTION OF YOUR PRIVACY form, which advises me of my rights concerning the investigative practices of the Farmers Insurance Group of Companies.

I hereby declare that the statements on both sides of this application, INCLUDING THOSE RELATING TO THE USE OF THE VEHICLE(S) AND MILEAGE DRIVEN, are true and request the Exchange or Company to issue the insurance applied for in reliance thereon and at rates based on these facts.

I understand that any material misrepresentation or omission may void or cancel coverage subject to the statutory requirements of my state. I authorize the driving record of all drivers to be checked through the state Motor Vehicle Department.

This is my authority to cancel Policy # _____ effective on the Effective date of the new policy applied for and any credit should be applied to the new policy.

Subscribed to _____ M, _____ Effective Date _____
TIME MONTH DAY YEAR

Applicant's Signature ► _____
(if applicant is a minor, parent or guardian must sign also)

BINDER — The insurance has been applied for and is bound for 60 days from the Effective Date pending issuance of a policy to the Named Insured. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND CHANGE (INCREASE OR DECREASE), WHEN NECESSARY, BY THE COMPANY. Please accept this form as a binder.

This application is complete and I recommend its acceptance.

Date ► _____
MONTH DAY YEAR

Agent's Phone _____

Agent's Signature ► _____