Personal & Business Insurance Request Form

Completion of this form does not bind coverage. Email the signed, completed form to support@semperfiservicesolutions.com. Please complete every section that applies to you; each section says who must complete it. Unsigned forms will not be accepted.

IMPORTANT: This form must be completed in English. Forms not completed in English cannot be quoted. This form must be completed in full. Incomplete forms will not be quoted.

If the applicant does not understand English, the applicant must provide a third-party interpreter or authorized representative at the applicant's own discretion and expense. Always Faithful Insurance Agency does not provide interpreter or translation services and is not legally liable for any miscommunication, misunderstanding, or errors arising from translation or interpretation.

Required: SSN/EIN/FEIN must be provided for binding. Form is encrypted in transit when emailed; for additional security request a secure upload link.

COVERAGE REQUESTED (CHECK ALL THAT APPLY)

Complete this section. (Everyone)

Personal Lines

- ☐ Personal Auto
- ☐ Homeowners
- ☐ Renters
- ☐ Condo (HO-6)
- ☐ Dwelling Fire / Landlord
- ☐ Umbrella / Excess
- ☐ Motorcycle
- ☐ RV / Motorhome
- ☐ Boat / Watercraft
- ☐ Flood
- ☐ Earthquake
- ☐ Life Insurance
- ☐ Health Insurance

Commercial Lines

- ☐ General Liability (GL)
- ☐ Workers' Compensation
- ☐ Commercial Auto
- ☐ Business Owner's Policy (BOP)
- ☐ Commercial Property
- ☐ Tools & Equipment / Inland Marine
- ☐ Builder's Risk
- ☐ Errors & Omissions (E&O)
- ☐ Professional Liability
- ☐ Cyber Liability
- ☐ Pollution Liability
- ☐ Bonds
- ☐ Commercial Umbrella / Excess
- ☐ Other (specify below)

If 'Other', specify

Desired Effective Date (MM/DD/YYYY) *

Reason for this request

- ☐ New purchase
- ☐ Renewal / shopping
- ☐ Required by contract
- ☐ Required by lender

APPLICANT TYPE

Complete this section. (Everyone - check both if you want personal and business coverage)

- ☐ Personal / Individual / Household
- ☐ Business / Commercial

PRIMARY APPLICANT - IDENTITY

Complete this section. (Everyone - for business applicants, the owner or principal)

First Name * | Middle | Last Name * | Suffix

Preferred Name / Nickname | Date of Birth (MM/DD/YYYY) * | Sex/Gender | Marital Status

SSN (encrypted, used only when binding coverage) | Driver's License Number | DL State | DL Expiration

Years Licensed Driver | Occupation | Employer

CONTACT INFORMATION

Complete this section. (Everyone)

Mobile Phone * | Home Phone | Work Phone

Primary Email * | Secondary Email

Preferred Contact Method
☐ Call ☐ Text ☐ Email

Best Time to Contact

Preferred Language | How did you hear about us?

MAILING ADDRESS (PERSONAL)

Complete this section. (Everyone - your personal mailing address)

Street Address *

Apt/Unit | City * | State * | ZIP * | County

Years at this address | Own or rent
☐ Own ☐ Rent | Previous address (if less than 3 years at current)

GARAGING ADDRESS (IF DIFFERENT FROM MAILING)

Only complete if your vehicle(s) are garaged at a different address. All others skip.

Street Address

City | State | ZIP

SPOUSE / PARTNER (IF APPLICABLE)

Only complete if married/partnered AND spouse/partner will be on the policy. All others skip.

First Name | Last Name | Date of Birth | SSN

Driver's License Number | DL State | DL Expiration | Years Licensed | Occupation

Mobile Phone | Email | Employer

HOUSEHOLD - CHILDREN UNDER AGE 14

Complete if applying for personal auto, homeowners, renters, condo, umbrella, life or health insurance. All others skip.

List every child under age 14 who lives in the household, even part time. Children age 14 and older go in the next section.

First Name	Last Name	Date of Birth	Age	Relationship to Applicant	Lives here full time? (Y/N)

No children under 14 in the household

☐ Confirmed - none

HOUSEHOLD MEMBERS AGE 14 AND OLDER - DRIVERS, PERMIT HOLDERS & OTHER RESIDENTS

Complete if applying for personal auto, homeowners, renters, condo, umbrella or life insurance. All others skip.

List everyone age 14+ living in the household other than you and your spouse/partner (children, relatives, roommates), whether or not they drive.

Member 1 First Name | Last Name | Date of Birth | Relationship | Driver status ☐ Licensed ☐ Permit ☐ Student

DL # | DL State | DL Expires | Yrs Driving | School Name (good-student discount) | GPA

Member 2 First Name | Last Name | Date of Birth | Relationship | Driver status ☐ Licensed ☐ Permit ☐ Student

DL # | DL State | DL Expires | Yrs Driving | School Name (good-student discount) | GPA

Member 3 First Name | Last Name | Date of Birth | Relationship | Driver status ☐ Licensed ☐ Permit ☐ Student

DL # | DL State | DL Expires | Yrs Driving | School Name (good-student discount) | GPA

Member 4 First Name | Last Name | Date of Birth | Relationship | Driver status ☐ Licensed ☐ Permit ☐ Student

DL # | DL State | DL Expires | Yrs Driving | School Name (good-student discount) | GPA

HOUSEHOLD MEMBERS AGE 14 AND OLDER - DRIVERS, PERMIT HOLDERS & OTHER RESIDENTS (CONTINUED)

Member 5 First Name | Last Name | Date of Birth | Relationship | Driver status ☐ Licensed ☐ Permit ☐ Student

DL # | DL State | DL Expires | Yrs Driving | School Name (good-student discount) | GPA

Member 6 First Name | Last Name | Date of Birth | Relationship | Driver status ☐ Licensed ☐ Permit ☐ Student

DL # | DL State | DL Expires | Yrs Driving | School Name (good-student discount) | GPA

CURRENT INSURANCE - ALL POLICIES YOU HAVE NOW

Complete this section. (Everyone - list every current policy, including ones you are not asking us to quote)

Write 'None' on any line you do not have. Please attach the declarations page of each current policy.

	Carrier / Company	Policy #	Effective	Expiration	Annual Premium $	Limits / Deductible
Personal Auto						
Home / Renters / Condo						
Landlord / Dwelling Fire						
Personal Umbrella						
Flood						
Earthquake						
Motorcycle						
Boat / Watercraft						
RV / Motorhome						
Life						
Health						
General Liability						
Workers' Comp						
Commercial Auto						
BOP / Comm. Property						
Tools / Inland Marine						
E&O / Professional						
Cyber						
Bonds						
Comm. Umbrella						
Other						
Other						

Years with current auto carrier | Years with current home carrier | Years with current business carrier(s)

Reason for shopping / switching | Reason for switching commercial auto

CURRENT INSURANCE - ALL POLICIES YOU HAVE NOW (CONTINUED)

Declarations pages
☐ Attached to this form

Loss runs (business, last 5 years)
☐ Attached to this form

Any current policy in its first year or recently bound?
☐ Yes ☐ No

BUSINESS / ENTITY INFORMATION (COMMERCIAL APPLICANTS)

Only complete if applying for commercial / business insurance. Personal-only applicants skip to VEHICLES.

Legal Business Name *

DBA (Doing Business As)

Entity Type
☐ Sole Prop ☐ LLC ☐ Corp ☐ S-Corp ☐ Partnership ☐ Nonprofit ☐ Joint Venture

EIN / Tax ID

State of Incorporation

Date Established

Years in Business

Years Experience in Trade

Website

Business Phone

Business Email

Business Location Street Address

City

State

ZIP

County

☐ Same as mailing

Nature of Business / Operations (describe exactly what the business does)

NAICS Code(s)

SIC Code(s)

Prior or other business names (last 5 years)

Use Subcontractors?
☐ Yes ☐ No

% of work subcontracted

Annual cost of subcontracted work $

Hold Harmless agreements with clients?
☐ Yes ☐ No

Do you get certificates of insurance from all subs?
☐ Yes ☐ No

Are you named additional insured on subs' policies?
☐ Yes ☐ No

Do subs carry their own workers' comp?
☐ Yes ☐ No

OWNERS, OFFICERS & PARTNERS

Only complete if applying for commercial insurance. List every owner/officer/member/partner.

Full Name	Title	Ownership %	Date of Birth	Duties	Annual Pay $	Workers' Comp Incl / Excl

ANNUAL REVENUE & FINANCIALS

Only complete if applying for commercial insurance. Gross revenue = total sales/receipts before expenses.

	Gross Revenue $	Total Payroll $ (W-2)	Paid to Subcontractors $	Paid to 1099 Workers $
Projected next 12 months				
Current year to date				
Last completed year				
2 years ago				
3 years ago				

Revenue breakdown (percentages should total 100%)

Residential % | Commercial % | Industrial % | Government / Public % | New Construction % | Remodel / Repair % | Service / Maint. %

States where revenue is earned (state and % of revenue) | Largest single job / contract (last 3 yrs) $ | Average job size $

EMPLOYEES & PAYROLL

Only complete if applying for commercial insurance (required for workers' comp and GL rating).

W-2 Employees (total) | # Full-Time | # Part-Time | # Seasonal | # 1099 Contractors | # Locations | Total Sq Ft

Payroll by job type: group employees by what they actually do (e.g., HVAC installer, office clerical, outside sales, driver).

Job Duties / Classification	WC Class Code (if known)	# Full-Time	# Part-Time	Annual Payroll $	State

Experience Mod (X-Mod), if known | States where employees work | Use a PEO or leased employees? ☐ Yes ☐ No

Written safety program? ☐ Yes ☐ No | Employees drive own vehicles for work? ☐ Yes ☐ No | Any employee injuries in last 3 years? ☐ Yes ☐ No | Owner(s) do field work? ☐ Yes ☐ No

CONTRACTOR LICENSE

Complete if the applicant holds a state contractor license (e.g., California C-20 for HVAC). List all licenses.

License State | Contractor License Number | Classification(s) | Expiration Date

License State | Contractor License Number | Classification(s) | Expiration Date

License State | Contractor License Number | Classification(s) | Expiration Date

Qualifier (RMO / RME) Name | License bond carrier / bond # | Any license discipline or complaints? ☐ Yes ☐ No

CONTRACTOR OPERATIONS

Only complete if the business does construction, installation, repair or trade work. All others skip.

- ☐ Yes ☐ No Roofing work of any kind?
- ☐ Yes ☐ No Work on buildings over 3 stories, or work at heights over 15 feet?
- ☐ Yes ☐ No New residential construction, tract homes, condos, townhomes or HOA projects?
- ☐ Yes ☐ No Excavation, trenching, grading or underground utility work?
- ☐ Yes ☐ No Welding, torch work, soldering or other hot work?
- ☐ Yes ☐ No Crane, boom lift or heavy equipment operation?
- ☐ Yes ☐ No Structural, foundation or load-bearing work?
- ☐ Yes ☐ No Asbestos, lead, mold or hazardous material work?
- ☐ Yes ☐ No Pool / spa, solar, or gas line work?
- ☐ Yes ☐ No Act as a general contractor or construction manager?

Max stories / height worked

Work outside your home state? List states

Describe any work you do NOT do, or anything unusual about your operations

COMMERCIAL COVERAGE LIMITS & CONTRACT REQUIREMENTS

Only complete if applying for commercial insurance. All others skip.

General Liability limits desired

- ☐ $1M occurrence / $2M aggregate
- ☐ $2M occurrence / $4M aggregate
- ☐ $500K occurrence / $1M aggregate
- ☐ Other (specify below)

Other GL limits

Deductible preference

Workers' Comp Employer's Liability limits desired

- ☐ $100K / $500K / $100K
- ☐ $500K / $500K / $500K
- ☐ $1M / $1M / $1M

Required by your contracts (check all that apply)

- ☐ Additional insured (blanket)
- ☐ Additional insured - completed operations
- ☐ Primary & noncontributory
- ☐ Waiver of subrogation (GL)
- ☐ Waiver of subrogation (WC)
- ☐ Per-project aggregate

Certificates of insurance needed per year (approx.)

Main customers / GCs that require certificates

COMMERCIAL PROPERTY, TOOLS & EQUIPMENT

Only complete if applying for BOP, commercial property or tools/equipment coverage. All others skip.

Business location is
☐ Owned ☐ Leased ☐ Home-based

Building value $ (if owned)

Business contents / inventory $

Total value of tools & equipment $

Largest single item $

Where are tools stored overnight?

Schedule any single item worth $5,000 or more:

Year	Make / Model / Description	Serial #	Value $

COMMERCIAL AUTO - OPERATIONS, AUTHORITY & FILINGS

Only complete if applying for commercial auto. All others skip.

DOT Number

MC Number

MCP / State Permit #

Max Radius (miles)

☐ Interstate ☐ Intrastate only ☐ Haz-Mat ☐ Passengers (TNC/livery)

List states/areas operated

Type of cargo / commodities / tools hauled

Power units

Trailers

Hired & non-owned auto coverage needed?
☐ Yes ☐ No

Vehicles taken home by employees?
☐ Yes ☐ No

COMMERCIAL DRIVERS - ADDITIONAL (BEYOND PRIMARY APPLICANT)

Only commercial auto applicants. All others skip.

Add every driver who will operate a commercial vehicle. Include CDL info where applicable.

Driver #1 Full Name | DOB | DL # | DL State | DL Exp

CDL? ☐ Yes | CDL Class | Years CDL Driving | Accidents / violations last 3 years? (describe or 'None')

Driver #2 Full Name | DOB | DL # | DL State | DL Exp

CDL? ☐ Yes | CDL Class | Years CDL Driving | Accidents / violations last 3 years? (describe or 'None')

Driver #3 Full Name | DOB | DL # | DL State | DL Exp

CDL? ☐ Yes | CDL Class | Years CDL Driving | Accidents / violations last 3 years? (describe or 'None')

COMMERCIAL DRIVERS - ADDITIONAL (BEYOND PRIMARY APPLICANT) (CONTINUED)

Driver #4 Full Name | DOB | DL # | DL State | DL Exp

CDL? ☐ Yes | CDL Class | Years CDL Driving | Accidents / violations last 3 years? (describe or 'None')

Driver #5 Full Name | DOB | DL # | DL State | DL Exp

CDL? ☐ Yes | CDL Class | Years CDL Driving | Accidents / violations last 3 years? (describe or 'None')

VEHICLES - PERSONAL & COMMERCIAL

Only complete if applying for any auto coverage (personal or commercial). All others skip.

List every vehicle to be insured. Mark Personal or Commercial. Include the full 17-character VIN.

Vehicle #1 ☐ Personal ☐ Commercial

Year | Make | Model | Body / Trim | VIN *

Use (commute/pleasure/business/farm) | Annual Miles | Primary Driver | Garaging ZIP | Own / Finance / Lease

Lien Holder / Lessor | Anti-theft | Existing damage? | Stated / Cost-new value $ (commercial)

Vehicle #2 ☐ Personal ☐ Commercial

Year | Make | Model | Body / Trim | VIN *

Use (commute/pleasure/business/farm) | Annual Miles | Primary Driver | Garaging ZIP | Own / Finance / Lease

Lien Holder / Lessor | Anti-theft | Existing damage? | Stated / Cost-new value $ (commercial)

Vehicle #3 ☐ Personal ☐ Commercial

Year | Make | Model | Body / Trim | VIN *

Use (commute/pleasure/business/farm) | Annual Miles | Primary Driver | Garaging ZIP | Own / Finance / Lease

Lien Holder / Lessor | Anti-theft | Existing damage? | Stated / Cost-new value $ (commercial)

Vehicle #4 ☐ Personal ☐ Commercial

Year | Make | Model | Body / Trim | VIN *

Use (commute/pleasure/business/farm) | Annual Miles | Primary Driver | Garaging ZIP | Own / Finance / Lease

Lien Holder / Lessor | Anti-theft | Existing damage? | Stated / Cost-new value $ (commercial)

VEHICLES - PERSONAL & COMMERCIAL (CONTINUED)

Vehicle #5 ☐ Personal ☐ Commercial

Year | Make | Model | Body / Trim | VIN *

Use (commute/pleasure/business/farm) | Annual Miles | Primary Driver | Garaging ZIP | Own / Finance / Lease

Lien Holder / Lessor | Anti-theft | Existing damage? | Stated / Cost-new value $ (commercial)

Vehicle #6 ☐ Personal ☐ Commercial

Year | Make | Model | Body / Trim | VIN *

Use (commute/pleasure/business/farm) | Annual Miles | Primary Driver | Garaging ZIP | Own / Finance / Lease

Lien Holder / Lessor | Anti-theft | Existing damage? | Stated / Cost-new value $ (commercial)

Vehicle #7 ☐ Personal ☐ Commercial

Year | Make | Model | Body / Trim | VIN *

Use (commute/pleasure/business/farm) | Annual Miles | Primary Driver | Garaging ZIP | Own / Finance / Lease

Lien Holder / Lessor | Anti-theft | Existing damage? | Stated / Cost-new value $ (commercial)

Vehicle #8 ☐ Personal ☐ Commercial

Year | Make | Model | Body / Trim | VIN *

Use (commute/pleasure/business/farm) | Annual Miles | Primary Driver | Garaging ZIP | Own / Finance / Lease

Lien Holder / Lessor | Anti-theft | Existing damage? | Stated / Cost-new value $ (commercial)

AUTO LIABILITY LIMITS DESIRED

Only complete if applying for any auto coverage. All others skip.

☐ 15 / 30 / 5 ☐ 30 / 60 / 15 ☐ 50 / 100 / 50 ☐ 100 / 300 / 100
☐ 250 / 500 / 100 ☐ CSL $500K ☐ CSL $1M ☐ Other (specify)

Other limits (specify) | Comprehensive Deductible | Collision Deductible

Uninsured Motorist? ☐ Yes ☐ No | UM limits | Medical Payments? ☐ Yes ☐ No | Roadside / Towing? ☐ Yes ☐ No | Rental Reimbursement? ☐ Yes ☐ No

PROPERTY TO INSURE - ADDRESS (IF DIFFERENT FROM MAILING)

Only complete this section if it is for homeowners, condo, renters, or landlord insurance. All others move on.

Street Address

City | State | ZIP | County | ☐ Same as mailing

PROPERTY DETAILS

Only complete this section if it is for homeowners, condo, renters, or landlord insurance. All others move on.

☐ Single Family ☐ Condo ☐ Townhouse ☐ Mobile/Mfd
☐ Duplex/Triplex/4-plex ☐ Rental (Landlord) ☐ Seasonal/2nd Home ☐ Vacant

Year Built * | Sq Ft * | # Stories | # Bedrooms | # Bathrooms | Construction Type

Purchase Date | Purchase Price $ | Foundation | Roof Type | Roof Age (yrs) | Roof Last Replaced (yr)

Heating System | Cooling System | Wiring (yr/type)

Plumbing (yr/type) | Garage | Distance to Fire Station (mi) | Distance to Hydrant (ft)

Pool? ☐ Yes | Pool fenced/locked? ☐ Yes | Trampoline? ☐ Yes | Diving Board? ☐ Yes | Wood Stove/Fireplace? ☐ Yes

Dogs? ☐ Yes | Breed(s) | Bite history? ☐ Yes | Short-term rental (Airbnb/VRBO)? ☐ Yes ☐ No

Solar Panels? ☐ Yes | Security/Alarm system? ☐ Yes | Sprinkler system? ☐ Yes | Smoke detectors? ☐ Yes | Business run from home? ☐ Yes ☐ No

Updates / renovations within last 10 years (roof, electrical, plumbing, HVAC - include year)

HOMEOWNERS COVERAGE LIMITS DESIRED

Only complete this section if it is for homeowners insurance. All others move on.

Dwelling (A) | Other Structures (B) | Personal Property (C) | Loss of Use (D) | Liability (E) | Deductible

ENDORSEMENTS & ADD-ONS WANTED

Only complete if applying for property coverage. All others skip.

☐ Water/Sewer Backup ☐ Service Line Coverage ☐ Equipment Breakdown
☐ Identity Theft ☐ Personal Injury ☐ Scheduled Jewelry
☐ Scheduled Firearms ☐ Scheduled Fine Art ☐ Replacement Cost on Contents
☐ Extended Dwelling ☐ Ordinance or Law ☐ Home-based Business

FLOOD & EARTHQUAKE

Only complete if interested in flood and/or earthquake coverage. Current flood/EQ policies go in CURRENT INSURANCE.

Flood
☐ Want flood quote

Flood zone (if known)

Elevation certificate?
☐ Yes

Earthquake
☐ Want earthquake quote

EQ deductible preference

UMBRELLA / EXCESS LIABILITY

Only complete if applying for umbrella / excess coverage. Current umbrella goes in CURRENT INSURANCE.

Limit Desired

Rental properties owned

Watercraft / recreational vehicles

Youthful drivers (under 25)

LIFE INSURANCE (DESIRED)

Only complete if applying for life insurance. Existing life policies go in CURRENT INSURANCE.

Existing coverage amount $

Coverage amount desired $

Type (Term/Whole/IUL)

Term length (yrs)

Beneficiary 1 Name & Relationship

Beneficiary 2 Name & Relationship

Contingent Beneficiary

Smoker / nicotine user
☐ Yes

Height

Weight

Major medical conditions (for quoting)

HEALTH INSURANCE

Only complete if applying for health insurance. All others skip.

Coverage for
☐ Individual ☐ Family ☐ Group (business)

People to cover

Employer coverage available?
☐ Yes ☐ No

Est. household income (Covered California subsidy check)

Preferred doctors / plan type (HMO/PPO)

OTHER VEHICLES (MOTORCYCLE / BOAT / RV)

Only complete if applying for motorcycle, boat, or RV coverage. All others skip.

Motorcycle

Year | Make | Model | VIN | CC | Value $

Boat / Watercraft

Year | Make | Model | HIN | Length (ft) | Engine HP | Value $

RV / Motorhome

Year | Make | Model | VIN | Class (A/B/C/Trailer) | Value $

RV used as full-time residence?
☐ Yes ☐ No

Where is the boat / RV stored?

SURETY BONDS

Only complete if applying for a bond. All others skip.

- ☐ Contractor license bond
- ☐ Bid bond
- ☐ Notary bond
- ☐ LLC employee/worker bond
- ☐ Performance / payment bond
- ☐ Other (specify)

Bond amount $ | Obligee (who requires the bond) | Date needed

CYBER LIABILITY

Only complete if applying for cyber coverage. All others skip.

# of customer records kept (names, SSNs, cards) | Accept credit cards? ☐ Yes ☐ No | Multi-factor login on email? ☐ Yes ☐ No | Offline / cloud backups? ☐ Yes ☐ No

PROFESSIONAL LIABILITY / E&O

Only complete if applying for E&O or professional liability. All others skip.

Professional services provided | % of revenue from these services | Current retroactive date | Any E&O claims ever? ☐ Yes ☐ No

CLAIMS / LOSS HISTORY - PAST 5 YEARS

Complete this section. (Everyone - list any claims/losses for any line of insurance, or write 'None')

List ALL claims, accidents, and losses for any line of insurance, personal or business, in the past 5 years. Attach loss run reports if available.

Date	Type / Line	Amount Paid $	At-Fault?	Open/Closed	Description / Resolution

UNDERWRITING QUESTIONS

Complete this section. (Everyone)

- ☐ Yes ☐ No Lapse in coverage in last 5 years?
- ☐ Yes ☐ No Cancelled, declined or non-renewed by any insurer in last 5 years?
- ☐ Yes ☐ No Bankruptcy in last 7 years?
- ☐ Yes ☐ No Foreclosure in last 5 years?
- ☐ Yes ☐ No Felony conviction (any household member or business owner)?
- ☐ Yes ☐ No DUI / DWI in last 7 years (any driver)?
- ☐ Yes ☐ No License suspension in last 5 years?
- ☐ Yes ☐ No Insurance fraud conviction (any household member or business owner)?
- ☐ Yes ☐ No Any lawsuits pending or threatened against you or the business?
- ☐ Yes ☐ No Any claims currently open or any incidents not yet reported?

UNDERWRITING QUESTIONS (CONTINUED)

If yes to any, explain

ADDITIONAL INSUREDS / LOSS PAYEES / MORTGAGEE

Only complete if you have a lender, lessor, or required additional insured (mortgage company, lien holder, client requiring AI). All others skip.

#1 Type (Mortgagee / AI / Loss Payee) | Name

Address | Loan #

#2 Type (Mortgagee / AI / Loss Payee) | Name

Address | Loan #

#3 Type (Mortgagee / AI / Loss Payee) | Name

Address | Loan #

DOCUMENTS TO SEND WITH THIS FORM

Send whichever apply - they speed up your quote.

Personal: declarations pages of current policies; driver's licenses for all drivers; vehicle registrations; mortgage statement or purchase contract (new home). Business: declarations pages of current policies; 5-year loss runs from each carrier; contractor license; prior-year profit & loss or tax return (Schedule C / 1120-S); quarterly payroll report (DE 9 / 941); any contract that lists insurance requirements.

AUTHORIZATIONS & CONSENTS

Complete this section. (Everyone - required)

- ☐ I authorize Always Faithful Insurance Agency to obtain my Motor Vehicle Record (MVR) and that of any listed driver for purposes of underwriting.
- ☐ I authorize the agency to obtain CLUE / loss-history reports.
- ☐ I authorize the agency to obtain insurance-based credit/score information where permitted by law.
- ☐ I consent to the use of electronic signatures and electronic delivery of documents.
- ☐ TCPA Consent: I agree that the agency may contact me by phone, text/SMS, and email at the numbers/addresses provided, including via automated systems, regarding my insurance.
- ☐ I have read and acknowledge the agency's Privacy Notice and Information Practices.
- ☐ Language acknowledgment: I confirm I understand English, OR if I do not, I agree to provide my own third-party interpreter at my own expense. I acknowledge that Always Faithful Insurance Agency is not liable for any miscommunication, misunderstanding, or errors arising from translation or interpretation.
- ☐ I certify that all information provided in this form is true and complete to the best of my knowledge.

CALIFORNIA BROKER FEE & COMMISSION DISCLOSURE

Complete this section. (Everyone - required)

Broker fees apply and vary based on the complexity of the placement. The minimum and exact broker fee will be disclosed in writing before binding coverage. I understand that my broker may receive commissions from carriers in addition to any broker fee. No fee for CAARP or FAIR Plan placements. Completion of this form does not bind coverage. This disclosure is provided per California Insurance Code and California Department of Insurance regulations.

☐ I acknowledge the broker fee disclosure above and understand the exact fee will be quoted in writing before binding.

SIGNATURES

Click the Client Signature box to sign digitally. Adobe Acrobat (free) will create a digital ID for you if you don't have one.

Client Signature * (click to sign digitally)	Printed Name *	Date
Spouse / Co-Applicant Signature (click to sign)	Printed Name	Date
Broker Signature	Printed Name	Date