ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker
CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States
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California Certified Disabled Veteran Business Enterprise & Small Business #2045250

PERSONAL AUTO INSURANCE APPLICATION

This form asks for confidential information. Send the completed form only to support@semperfiservicesolutions.com. We keep your information confidential and use it only to quote and place your insurance.

APPLICANT

Named Insured(s):

Mailing Address:

City: State: ZIP: Phone:

Email: Best time to call:

Date of Birth (primary): Occupation: Desired Effective Date:

Marital status of primary named insured ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed

Do you own or rent your home? ☐ Own ☐ Rent ☐ Other

HOUSEHOLD

California carriers require every licensed driver and every permit holder in the household to be listed, even if they will not drive your vehicles.

Total people living in the household: Children under 14: Household members age 14 and older:

Does anyone in the household have a learner's permit, or will anyone get one in the next 12 months? ☐ Yes ☐ No

If yes, name and expected date:

Does anyone who lives with you have their own separate auto insurance? ☐ Yes ☐ No

If yes, name and company:

Drivers (list everyone age 14 and older in the household, licensed or not)

#	Full Name	Date of Birth	Driver's License #	License State	Relationship to Applicant	Marital Status	Years Licensed	Good Student (B avg) Y/N	Excluded / Not Driving
1									
2									
3									
4									
5									
6									
7									

Accidents, Tickets and Claims - all drivers, last 5 years

#	Driver	Date	Type (accident, ticket, comp claim, DUI)	At Fault Y/N	Amount Paid (if known)	Description
1						
2						
3						
4						
5						

Has any driver had a license suspended or revoked, or been required to file an SR-22, in the last 5 years? ☐ Yes ☐ No

If yes, explain:

Has any driver completed a mature driver (55+) or defensive driving course in the last 3 years? ☐ Yes ☐ No

VEHICLES

Vehicles (attach a separate sheet if more than 6)

#	Year	Make	Model / Trim	VIN (17 characters)	Owned / Financed / Leased	Primary Driver	Annual Miles
1							
2							
3							
4							
5							
6							

Vehicle Use (match the numbers above)

#	Use (commute, pleasure, business, rideshare)	One-way Commute Miles	Garaging ZIP (if not home address)	Lienholder / Leasing Company	Anti-theft / Modifications
1					
2					
3					
4					
5					
6					

Is any vehicle used for rideshare or delivery (Uber, Lyft, DoorDash, Amazon Flex, etc.)? ☐ Yes ☐ No

Is any vehicle titled to a business, or used to carry tools, equipment or goods for work? ☐ Yes ☐ No

If yes, describe (this may need a commercial auto policy):

Does any vehicle have existing damage, or a salvage or rebuilt title? ☐ Yes ☐ No

If yes, which vehicle and describe:

COVERAGE REQUESTED

Liability limits (bodily injury / property damage) ☐ 30/60/15 (CA min.) ☐ 50/100/50 ☐ 100/300/100 ☐ 250/500/100 ☐ Match current

Uninsured / underinsured motorist ☐ Same as liability ☐ 30/60 ☐ Reject (signed form)

Medical payments ☐ None ☐ $1,000 ☐ $5,000 ☐ $10,000

Comprehensive deductible ☐ None ☐ $250 ☐ $500 ☐ $1,000

Collision deductible ☐ None ☐ $500 ☐ $1,000 ☐ $2,500

Optional coverages wanted:

☐ Rental reimbursement ☐ Towing / roadside ☐ Gap (loan/lease payoff)

☐ Custom equipment ☐ Umbrella quote ☐ Bundle with homeowners

CURRENT INSURANCE

Current Insurance Company: Policy Expires:

Has any insurance company canceled, non-renewed or declined this auto policy in the last 3 years? ☐ Yes ☐ No

If yes, company, date and reason:

Has coverage lapsed (gone without insurance) at any time in the last 3 years? ☐ Yes ☐ No

Attach your current declarations page if you have one; it is the fastest way for us to match or beat your coverage.

Anything else we should know (other vehicles at the home, upcoming purchases, special requests):

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned states that the information provided in this application is true and complete to the best of their knowledge, and authorizes Always Faithful Insurance Agency to submit it to insurance companies for the purpose of obtaining quotations. Submitting this form does not bind coverage; coverage begins only when confirmed in writing by the agency or the insurance company.

Printed Name: Title (if business):

Signature: Date:

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to support@semperfiservicesolutions.com or call 650-489-2592.