

Application for Insurance

Please review and sign where indicated



Policyholder: CHRISTOPHER HATFIELD
June 16, 2006

Policy and premium information

Insurance company:	Progressive Universal Insurance Co. PO Box 31260 Tampa, FL 33631
Named insured:	CHRISTOPHER HATFIELD 505 NE 17TH ST MCMINNVILLE , OR 97128 Home: 503-472-8752
Financial responsibility vendor:	EXPERIAN 888-397-3742
Effective date and time:	Your policy will be effective when your required down payment is submitted or at a later date of your choice.
Total policy premium:	\$631.00
Down payment required:	\$105.19
Payment plan:	6 payments

Drivers and resident relatives

You, your spouse and all resident relatives 15 years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below.

Name	Date of birth	Sex	Marital status	Relationship
CHRISTOPHER HATFIELD	Jul 8, 1986	Male	Single	Insured

Driver status: Rated

Outline of coverage

1985 TOYOTA CELICA 2 DOOR COUPE

VIN: **JT2RA65C0F4052569**

Garaging ZIP Code: 97128

Primary use of the vehicle: Commute

	Limits	Deductible	Premium
Liability To Others			\$503
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Personal Injury Protection	\$25,000	\$0	59
Uninsured/Underinsured Motorist	\$100,000 each person/\$300,000 each accident		20
Uninsured Motorist Property Damage	\$10,000 each accident	\$200 \$300 hit & run	9
Comprehensive	Actual Cash Value	\$100	40
Total premium for 1985 TOYOTA			\$631
Total 6 month policy premium			\$631

Premium discount

Policy	online signature-first policy period only
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Driving history

Please review the following information carefully because your driving history from the last 35 months is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. If you were not convicted of a violation listed below, notify Customer Service of the violation for which you were not convicted. If your driving history supports your notice of no conviction, we will re-rate your policy without the violation. We obtain your driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports - provided by state agencies (MVR)
- Comprehensive Loss Underwriting Exchange - provided by Choicepoint, Inc. (CLUE)

Driver	Description	Date	Source
CHRISTOPHER HATFIELD	speeding	Oct 31, 2003	APP

Prior insurance and underwriting questions

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 Prior insurance: Yes

 Prior insurance carrier: Compliant w/out Ins - Didn't Own Car

 Not at-fault accidents: 0

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used to pick up or deliver persons or property for compensation or a fee, including, but not limited to, delivery of magazines, newspapers, mail, food (including pizza), or any other products. I understand that this policy may be canceled if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. However, if we cancel this policy, we will provide the coverage required by Oregon Revised Statute Section 742.456, and cancellation shall not affect coverage under Part I - Liability to Others of your policy to a person other than you or relative.

Notice of information practices

I acknowledge that the Company and its affiliates may collect information from consumer reporting agencies, such as driving record, and claims and credit history reports. The Company may use a credit-based insurance score based on the information contained in that credit history report. This information will be used to underwrite my insurance and provide an accurate quote in an appropriate underwriting company. I authorize the Company and its affiliates to obtain future reports to update or renew the insurance or to offer replacement insurance. I also acknowledge that information about me may be disclosed without authorization, as required or permitted by law. I may access and correct information I believe is inaccurate. Complete details are in the Company's Privacy Policy, which will be provided with the insurance policy and upon request. I may also request a statement of how the Company uses credit histories and scores.

I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay Company, for any reason whatsoever, upon the Company's request.

Other charges

I understand that I will be charged a **\$50.00 cancellation fee** if, during the first policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. After the first policy period, I understand that the Company will not charge any cancellation fees.

I agree to pay the fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. I also understand that the amount of these fees may change if my premium is increased due to inaccurate or incomplete information in this application.

I understand that a returned payment fee of **\$20.00** will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of **\$5.00** during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

Applicant signature

I represent that I, CHRISTOPHER HATFIELD, am the person identified as the named insured and the first driver in the Drivers and Resident Relatives section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application, and this application will be securely stored, as it is presented here, if I purchase this policy. I also understand that if I do not electronically sign this application, it will not be processed.

Signature of Named Insured

Date

X CHRISTOPHER A HATFIELD June 16, 2006