

**BEAR RIVER MUTUAL INSURANCE COMPANY**

**Automobile Insurance Application - Page 1 of 4**

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Mailed

**POLICY NO.**

For office use only

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<p><b>AGENT INFO.</b></p> <p>Agency Name _____ Agent No. _____</p>	<p><b>APPLICANT'S NAME AND ADDRESS</b> (including City, State, Zip)</p> <p>Phone Number: H (    )                      W (    )</p>	<p>For office use only</p> <p>Score _____</p> <p>Premium _____</p> <p>UW _____</p>
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<p>Effective Date: _____</p> <p>Term: 6 Month <input type="checkbox"/> 12 Month <input type="checkbox"/></p> <p>Time: _____ A.M. / P.M. Date _____</p>	<p><b>PAYMENT INFO.</b> Payment Made: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Method: Full <input type="checkbox"/> Pay Plan <input type="checkbox"/> EFT <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Amount _____ Check Number _____</p> <p>Check received from: Insured <input type="checkbox"/> Agent <input type="checkbox"/></p>	<p><b>OTHER BRM POLICY NUMBERS</b></p> <p>_____</p> <p>_____</p>
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<p><b>RESIDENCE</b> Years at Current Address _____ Own <input type="checkbox"/> Rent <input type="checkbox"/></p> <p>If less than 3 years - previous address No. Years _____</p>	<p><b>GARAGE LOCATION IF DIFFERENT FROM ABOVE (include City and Zip)</b></p> <p>Vehicle Number _____</p>
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<b>EMPLOYMENT INFORMATION</b>			
<p>Applicant Employer (state nature of business if self-employed)</p>	<p>Address of Employer (include City, State, Zip)</p>	<p>Occupation</p>	<p>Work Phone</p>
<p>Spouse Applicant Employer (state nature of business if self-employed)</p>	<p>Address of Employer (include City, State, Zip)</p>	<p>Occupation</p>	<p>Work Phone</p>

List all household residents regardless of age or driving status, (INCLUDING CHILDREN).							Number of Drivers in Household _____
Legal Name	Driver's License Number/ State Licensed	Gender	Marital Status	Relation to Insured	Date of Birth	Social Security Number	Number of Years US Driving

<p><b>ATTACHMENTS TO APPLICATION</b></p> <p><input type="checkbox"/> Insured Statement</p> <p><input type="checkbox"/> Driver Questionnaire</p> <p><input type="checkbox"/> Photo(s) of Vehicle(s)</p> <p><input type="checkbox"/> UM/UIM Rejection</p> <p><input type="checkbox"/> EFT Notification w/ Void Check</p> <p><input type="checkbox"/> Senior Citizen Driver's Certificate</p>	<p><b>DISCOUNTS AVAILABLE</b></p> <p><input type="checkbox"/> Homeowner / Fire Policy with BRM</p> <p><input type="checkbox"/> All Household Members 50 Years and Older</p> <p><input type="checkbox"/> Student Away at School</p> <p><input type="checkbox"/> Motor Home</p> <p><input type="checkbox"/> Senior (55+) Defensive Driving</p>	<p><b>COMMENTS</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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VEHICLE DESCRIPTION							Total Number of Vehicles in Household _____	
Vehicle 1	Year	Make	Model	Vehicle Identification Number (VIN)		Utah License Plate Number	Date of Purchase or Lease	
	Symbol	Class	<input type="checkbox"/> Used for Pleasure <input type="checkbox"/> Used for Business <input type="checkbox"/> Used to Commute	Name of Principal Operator?		Miles one way to work or school	No. of Days Per Week	
	LIEN HOLDER Name and Address (include City, State, Zip)						Additional Interest Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLE DESCRIPTION								
Vehicle 2	Year	Make	Model	Vehicle Identification Number (VIN)		Utah License Plate Number	Date of Purchase or Lease	
	Symbol	Class	<input type="checkbox"/> Used for Pleasure <input type="checkbox"/> Used for Business <input type="checkbox"/> Used to Commute	Name of Principal Operator?		Miles one way to work or school	No. of Days Per Week	
	LIEN HOLDER Name and Address (include City, State, Zip)						Additional Interest Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLE DESCRIPTION								
Vehicle 3	Year	Make	Model	Vehicle Identification Number (VIN)		Utah License Plate Number	Date of Purchase or Lease	
	Symbol	Class	<input type="checkbox"/> Used for Pleasure <input type="checkbox"/> Used for Business <input type="checkbox"/> Used to Commute	Name of Principal Operator?		Miles one way to work or school	No. of Days Per Week	
	LIEN HOLDER Name and Address (include City, State, Zip)						Additional Interest Yes <input type="checkbox"/> No <input type="checkbox"/>	

COVERAGE				PREMIUMS		
COVERAGES	LIMIT OF LIABILITY		VEHICLE # 1	VEHICLE # 2	VEHICLE # 3	
Bodily Injury Liability (BI)	\$	each person	each accident			
Property Damage Liability (PD)	\$		each accident			
Personal Injury Protection (PIP)	\$		each accident			
Uninsured Motorist (UM)	\$	each person	each accident			
Underinsured Motorist (UIM)	\$	each person	each accident			
Uninsured Motorist Property Damage (UMPD)	\$	deductible				
Comprehensive (Comp)	\$	deductible				
Collision (Coll)	\$	deductible				
Towing & Emergency Road Side Service	Covered only if a premium is shown under Vehicle.					
Expense for Car Rental and Travel Expense	Covered only if a premium is shown under Vehicle.					
Customized Equipment <small>If Scheduled, attach Customized Equipment Questionnaire and Appraisal per vehicle</small>	\$					
			Total Per Vehicle			
			Estimated Total	Deposit	Balance Due	
			\$	\$	\$	