

DELPHI
CASUALTY COMPANY
P.O. Box 5090
Des Plaines, IL 60018
Tel: (847) 635-5600
Fax: (847) 954-1142

Application for Illinois Public Transportation Insurance
Applicable to Applicant(s), Insured(s) and all Operators:

ALL DRIVERS MUST BE LISTED AND HOLD A VALID ILLINOIS DRIVER'S LICENSE. COVERAGE IS EFFECTIVE ONLY WHEN ACCEPTED BY THE COMPANY AND POLICY ISSUED

MIDWEST SECURITY INSURANCE
1300 W. HIGGINS RD., # 213
PARK RIDGE, IL 60068

Agency Bill <input type="checkbox"/>	Direct Bill <input type="checkbox"/>	Down Payment \$	Producer Name 1300 W. HIGGINS RD., # 213 PARK RIDGE, IL 60068	FOR OFFICE USE:			
Applicant's/Business Full Name:				Policy Number:			
Business/Garaging Address:			Unit #	Work Phone Number:			
City	State	Zip Code +4	Territory	Binder Date:	Binder Time:	Effective Date	Expiration Date Term
Mailing Address - If different from above					City		State Zip Code
Previous Carrier(s) ATTACH RENEWAL QUOTE, CURRENT DEC PAGE AND LOSS RUNS.			How Long Insured:		Date Terminated and Why:		Premiums/Losses:
Describe Applicant's Operations:			Special Use Equipment Attached to Vehicles:		How Long In Business:		Radius of Operations:

APPLICANT REPRESENTS THAT THERE ARE NO OTHER DRIVERS OR REGULAR OPERATORS OTHER THAN THOSE LISTED BELOW. All Drivers/Operators must be listed and hold a valid Illinois driver's license. Failure to list a driver may result in denial of coverage. Drivers under the age of 21 are unacceptable for coverage under this policy.

LIST ALL DRIVERS BELOW: Space Is provided on the back of this application for additional drivers.	DRIVER'S LICENSE #	Birthday			Gender	Married	Occupation:
		Mo	Day	Year	M-F	S or M	
APPLICANT							
1							
2							
3							
4							

List all accidents. Violations (regardless of fault) within the past 36 mo.s for each driver shown above:					
DATE OF OCCURRENCE	DESCRIBE ACCIDENT/VIOLATION	DRIVER	DATE OF OCCURRENCE	DESCRIBE ACCIDENT VIOLATION	DRIVER

Description of Owned/Leased Automobile(s) Optional Equipment: On back of app give a description/value, (bill(s) of sale)				# of Passengers	Vehicle Value	License Plate # and Type
Auto	Model Year	Vehicle Make	Body Type/Exact model	Vehicle Identification Number		
1						
2						
3						
4						

Auto	Indicate LP or AI	Lose Payee/Additional Insured's Full name & Address: Any losses under Comprehensive & Collision are payable to named Insured and any lien holder or lessor listed below as interest may appear.	Vehicle Lift Yes <input type="checkbox"/> No <input type="checkbox"/>
1			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Yes <input type="checkbox"/> No <input type="checkbox"/>
4			Yes <input type="checkbox"/> No <input type="checkbox"/>

Indicate Coverages/limits Here: Bodily Injury, Property Damage, and Uninsured & Underinsured Motorist Bodily Injury Limits are Policy-Wide.	Bodily Injury: CSL _____,000 Each Person _____,000 Each Accident	Property Damage: _____,000 Each Accident	Uninsured/Underinsured Motorist Bodily Injury: Amount must match B I, unless UMBUJWBI Sign Down Is completed by Applicant
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Rate Class	Comprehensive and Collision Deductibles	Premium Per Auto
Auto 1		\$
Auto 2		\$
Auto 3		\$
Auto 4		\$
Total Policy Premium		\$

Applicant's Statement: The applicant has read this application and attests all answers given to the questions asked herein are truthful to the best of their knowledge and belief. The applicant states said answers were made as inducement to the insurance company to issue a policy and it is a special condition of this policy that the policy shall be NULL and VOID and no benefit or effect whatsoever as to any claim arising thereunder in the event that the attestations or statements in this application shall prove to be false or fraudulent in nature. It is understood that NO COVERAGE will be effective if the check given as down payment is not honored for true and good reasons by the bank upon which it is drawn. Applicant certifies that all persons age 21 and over employed by them or operating their vehicle(s) have been reported to the Company and the Applicant will inform the Company of any future additions. The Company relies on the contents of this application in issuing any policy or renewal.

Applicant's Signature: X _____ Date: _____ Producer's Signature: X _____ Date: _____
(OVER FOR ADDITIONAL DRIVERS, VEHICLES AND EXCLUSION FORM)

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NAMED OPERATOR EXCLUSION: (Valid for this policy and all subsequent Renewals)

As an inducement for the Company to issue and in consideration of the insurance provided by this policy on the vehicle(s) listed therein, the following individual(s) is/are specifically excluded from this policy.

1. Name _____ Relation to Applicant/Insured _____

2. Name _____ Relation to Applicant/Insured _____

3. Name _____ Relation to Applicant/Insured _____

If, at the time of a loss, an excluded operator is driving any vehicle, no coverage of any kind shall be afforded. Applicant's Signature:

_____ Date / /

Co-Applicant's Signature:

_____ Date / /

**UNINSURED MOTORIST BODILY INJURY (UMBI) & UNDERINSURED MOTORIST BODILY INJURY (UIMBI)
COVERAGES ELECTION/REJECTION:**

These coverages have been explained to me and I have been offered UMBI and UIMBI coverage in the amounts up to my policy limits or liability for Bodily Injury. I understand that this offer will only be made once and will not be repeated. I can change these coverages at any future date by written request. Understanding this offer:

I **REJECT** coverage in excess of minimum statutory limits for Uninsured and Underinsured Motorist Bodily Injury Coverage. (Sign below)

I **ELECT** Uninsured & Underinsured Motorist Bodily Injury Coverage with limits of:

_____/_____/_____ Write in limits and sign below.
(limits cannot exceed the B.I. Limits)

Applicant's Signature: X _____ Date / /

NOTES/ADDITIONAL DRIVERS/ADDITIONAL CARS: _____

PAYMENT PLAN
(Circle option desired)

1. Full payment with application.
2. (10) Ten payment plan 20% (Chicago or with a 30 day filing) down with application, balance in (10) ten equal payments.
3. (10) Ten Payment Plan 15% down balance due in (10) ten equal monthly payments.

8/1/XX – 10/31/XX 30% down six (6) equal monthly Payments. 2/1/XX – 3/31/XX 80% down one equal payment.

11/1/XX – 1/31/XX 50% down three (3) equal monthly payments. 4/1/XX – 6/31/XX full payment with application.

These payments will include an \$8.00 installment charge. Late payments will be charged a \$6.00 late fee.

(Term policy with expiration of 6/30/XX)

All applications must be complete and signed. Full payment or the appropriate down payment must be submitted with the application.