PACIFIC BASIN INSURANCE COMPANY
P.O. Box 500710, Saipan, MP 96950
Tel. Nos. (670) 234-5860/7864
Fax Nos. (670) 234-7841

AUTOMOBILE INSURANCE APPLICATION

Application No.: _____

NAME OF INSURED:	Policy Period: Effective 12:01AM. - To: 12:01 AM.
MAILING ADDRESS: (Box Number) (City) (Street) (Zip Code)	Agent No.
HOME ADDRESS: (Street) (Village) TELEPHONE NO.:	LIEN HOLDER (NAME OF MORTGAGEE IF ANY) / LIEN HOLDER (NAME OF MORTGAGEE IF ANY)
BUSINESS ADDRESS:	

VEHICLES DESCRIPTION: (If more than one, use separate sheet)	MODEL YEAR	MAKE	SERIAL NO. / MOTOR	BODY TYPE	NO. CYL.	Date of Purchase Mo. Yr.	New or Used	PRESENT VALUE

Please check car accessories attached. Specify others not installed, indicate Actual Cash Value.

Radio	Air Conditioner	Louvers	Mag Wheel	Stereo Accessories	Others (Specify)
$	$	$	$	$	$

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$	$	$	$	$	$

What is the principal use of this vehicle? ☐ Pleasure or Non-Business ☐ Business Purposes

The geographical use of this vehicle is ☐ Saipan ☐Tinian ☐Rota

LIST OF ALL DRIVERS OF AUTO	Relationship to Applicant	Date of Birth	Age	Sex	Marital Status	Occupation	Length of Time Driving	Driver's License No. and State

Coverage will extend to ☐ INCLUDE ☐EXCLUDE licensed drivers under the age of 25

Statement of insured (any "yes" answer for questions 1 through 5 must be fully explained in a separate sheet)	Please initial	
HAS ANYONE WHO WILL DRIVE THE INSURED VEHICLE.	YES	NO
1) Had automobile insurance declined, cancelled or renewal refused?		
2) Had their driver's license or permit revoked, suspended or restricted?		
3) Had a moving traffic violation within the last three years or been convicted of driving under the influence of alcohol or harmful drugs?		
4) Had any accidents or fires with a motor vehicle within the last five years?		
5) Had or continued to have physical or mental deficiency or impairment?		
6) Has vehicle ever failed safety inspection?		
7) Has the vehicle you wish to insure been modified from manufacturer's specifications?		
8) Please give name of previous insurance company?		

ACCIDENTS AND CLAIMS (If necessary, use separate sheets)

Date	Brief Description	Your Cost	Third Party Cost	Name of Driver	Insurance Company

MOTORING OFFENSES

Date of Offense	Name of Charge or Fine	Name of Driver	Was License Suspended?

The insurance afforded is only with respect to such and so many of the following coverages as are indicated by specific premium charges. The limit of the company's liability under each such coverage shall be as stated herein, subject to all of the terms of the policy reference thereto.

	LIMIT OF LIABILITY	DED	BASE PREMIUM	Business Surcharge %	NCB %	MCD %	Other %	TERM PREMIUM	FINAL PREMIUM
A. Bodily Injury Liability									$
B. Property Damage Liability									$
C. Medical Payments									$
D. Comprehensive									$
E. Collision									$
F. Fire, Lighting & Transportation									$
G. Theft									$
H. Combine Additional Coverage									$
I. Towing & Labor Cost									$
J. Uninsured Motorists									$
K. Others									$
								TOTAL FINAL PREMIUM	$

I hereby warrant the truth of the above statement, and I declare that I have not withheld any information whatever which tend in any way to influence the acceptance of this application. Additionally, I warrant that my automobile will be operated only by persons holding valid driver's licenses. Specifically, I agree to advise the company in writing if the age of the youngest male driver will be other than stated herein. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void.

Payment of premium shall be 50% down annual premium, but no less than $100.00. Balance must be paid within 90 days. Minimum premium retained by the company in the event of cancellation by the insured shall not be less than $100.00.

_____ _____ _____

Signature of Applicant Date Signature of Authorized Representative

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE APPLICATION HAS BEEN ACCEPTED BY THE COMPANY
NO RECEIPT IS VALID OR BINDING UNLESS ON THE COMPANY'S PRINTED FORM