

REMARKS (Enter all remarks, explanations, special requests and instructions here)

WE OFFER THE FOLLOWING COLLISION COVERAGE OPTIONS. Indicate the desired coverage and deductible you wish to purchase for each vehicle on this application and sign your name in the space indicated below. Collision deductibles available are: No deductible, \$50, \$100, \$150, \$200, \$250, \$500, \$1,000.

1. **LIMITED COLLISION COVERAGE**- We will pay for collision damage when the driver of the insured vehicle is not more than 50% of the cause of the accident. If the driver of the insured vehicle is more than 50% of the cause of the accident, we will not pay for collision damage. If you have chosen a deductible, you must pay the deductible amount.
2. **REGULAR COLLISION COVERAGE** - We will pay for collision damage to the insured vehicle, regardless of who is responsible for the accident. You must pay the deductible amount.
3. **BROAD FORM COLLISION COVERAGE**- We will pay for collision damage to the insured vehicle, regardless of who is responsible for the accident. However, if the driver of the insured vehicle was more than 50% of the cause of the accident, you must pay the deductible amount.
4. **NO COLLISION COVERAGE** - We will not pay for collision damage to the insured vehicle.

I have read and understand the Collision coverage options offered and choose to purchase:

☐ Limited Collision coverage

For which vehicle(s)?

☐ Limited Collision - \$100 deductible

For which vehicle(s)?

☒ Regular Collision coverage

For which vehicle(s)?

☐ Broad Form Collision coverage

For which vehicle(s)?

☒ No Collision coverage

For which vehicle(s)?

I choose to purchase the type(s) of collision coverage(s) and deductible(s) as indicated above. I understand that if I have checked "No Collision", I hereby reject any Collision coverage on such vehicle(s). Future renewals shall comply with these instructions unless I indicate otherwise in writing to the Company.

Applicant's Signature

Date

Note: For accidents on or after July 1, 1980, you may sue the driver of another vehicle who was 50% or more of the cause of the accident to recover your uninsured damage, up to a maximum of \$500. You must bring this action in Small Claims Court, the Conciliation Division of the Common Pleas Court of Detroit or Municipal Court. Any award to you may be reduced by the percentage of which you were the cause of the accident. The Company is not responsible for filing the suit on your behalf, and the other driver's insurance company may not be responsible to pay any award to you on behalf of the other driver.

INSURANCE FRAUD / IMPORTANT NOTICE

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: In making this application for insurance, it is understood that as part of our underwriting procedure, we may develop information using one or more of the following: physical inspection of the vehicle(s), consumer reports, motor vehicle records and independently maintained records of previously filed claims. You will be notified whenever information from a consumer reporting agency results in an adverse action.

APPLICANT'S STATEMENT

The facts stated on this application are true to the best of my knowledge and are to be relied upon by the Company for the purpose of issuing the insurance that I have requested, and any renewals of this insurance. I understand that if I am not eligible for a specific Company, program, or rating tier for which I have applied, my policy may be issued or renewed in a different program or rating tier or by another Company within the Auto-Owners Insurance Group: Auto-Owners Insurance Company, Home-Owners Insurance Company, Owners Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company (all companies may not be licensed in all states). I also understand that the rates and coverages may be different among the Auto-Owners Insurance Group Companies writing in this state. I have discussed my specific insurance needs with my agent in order to determine the most appropriate policy for my situation.

Applicant's Signature

Date