

REQUEST FOR ADDITIONAL INFORMATION

POLICY NUMBER: CA-

AGREEMENT TO EXCLUDE NAMED PERSONS

In making application for automobile Insurance Coverage from Workmen's Auto Insurance Company, I hereby request and agree that my insurance policy shall contain restrictive endorsements which shall constitute part of the policy and which shall provide that all coverages, including Uninsured and Underinsured Motorist Coverages, afforded by the policy or any continuation, renewal, or replacement of such policy by the named insured, shall not apply or accrue to the benefit of any insured or any third party claimant while the motor vehicle is being used or operated by:

Name(s) of Person(s) to be Excluded	Date of Birth	Relationship to Applicant

In the event Workmen's Auto Insurance Company settles or pays any loss or claim arising under circumstances where insurance is stated to be null, void, and of no effect under the express provisions of the above referred to endorsements, I agree, irrespective of the reasons for which Workmen's Auto Insurance Company effected such settlement or payment, to reimburse the company in the amount paid by them and to further hold them harmless and reimburse them for all additional costs expended in connection with both any settlement or payment made and in connection with all costs, including reasonable attorney's fees incurred by them in effecting recovery from me under this agreement.

DO NOT SIGN THIS AGREEMENT UNTIL YOU READ AND UNDERSTAND IT

I have read the above, and the effect of this Exclusion Endorsement has been fully explained to me by the producer, and I agree to the exclusion of the person(s) named above from coverage on the policy of insurance for which I am making application.

Signature of Applicant _____ Date _____

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-OR-

NON-RESIDENCY STATEMENT

Policyholder Name: _____

Policy Number: CA-_____

Effective Date: _____

Agency _____

Producer: Workmen's Auto Insurance Co

I certify under the penalty of perjury that the forgoing is true and correct. My residence (household) address is

and that _____ no longer resides at this address, having moved out on or around _____.

(Name of Non-resident)

(Date)

I understand that Workmens Auto Insurance Co is relying on the above statement in issuing this policy to me and setting the premium that I will be charged. I further understand that any falsehood in the above statement may constitute grounds for Workmens Auto Insurance Co to deny claims and cancel my policy.

Signature of Applicant _____ Date _____