

SIGNATURE SUPPLEMENT (AUTO)

Insured: _____ Insurance Company: _____

Policy Number (Including Subsequent Renewals Thereof): _____

NOTICE AND FRAUD WARNING

THIS APPLICATION IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT. Your agreement to these terms DOES NOT create an insurance agreement. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage and coverage will commence only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Insurance Company.

FRAUD WARNING. Any person knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In the event this application for insurance is accepted, an inspection of the exposures insured may be required. Such inspection for the purpose of obtaining information pertinent to the underwriting of the type of coverage provided in the policy and concerns such conditions and practices as were observed and considered at the time of inspection: it is not intended to indicate there are no other exposures. We do not assume any legal liability due to misinformation given the inspector nor any inaccuracies, human error, etc. nor do we assume liability for delayed reports.

I authorize Specialty Insurance Managers, Inc. to obtain Motor Vehicle Reports for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF MATERIAL FACTS WILL BE CAUSE FOR CANCELLATION AND MAY VOID COVERAGE.

Signature of Applicant – For All Applicants

Date

Signature of Producer

REJECTION OF PERSONAL INJURY PROTECTION OR SELECTION OF LIMIT

In accordance with article 5.06-3 of the Texas Insurance Code, each time a policy is issued or renewed we are required to include Personal Injury Protection coverage for all autos described in the policy, unless rejected in writing. Please indicate your choice by an "X", then sign and date this form as acknowledgment of your choice. The rejection/selection indicated below shall apply to any policy offered and issued as a result of this application and all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter my coverage requirements have changed.

- I reject Personal Injury Protection I select the following limit \$ _____

Signature of Applicant – For All Applicants

Date

REJECTION OF UNINSURED MOTORISTS COVERAGE OR SELECTION OF LIMIT OF LIABILITY

Article 5.06-1 of the Texas Insurance Code permits the insured named in the policy to reject Uninsured Motorists coverage or to select a limit of liability lower than the limit for Liability coverage in the policy. Uninsured Motorists coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, or property damage.

Please indicate your choice of the options available by an "X", then sign and date this form as acknowledgment of your choice.

The undersigned applicant (and each of them) make the following choice:

- I reject Uninsured/Underinsured Motorists coverage.
 I select Uninsured/Underinsured Motorists bodily injury coverage only with limits of \$ _____ each person, \$ _____ each accident and I reject Uninsured/Underinsured Motorists property damage coverage entirely.
 I select Uninsured/Underinsured Motorists coverage with limits of:
\$ _____ each accident Combined Single Limit (bodily injury and property damage); OR
\$ _____ each person (bodily injury), \$ _____ each accident (bodily injury) and \$ _____ each accident (property damage)

I hereby agree by my signature below, that I have specific authority by any corporation or other party named as a named insured to select or reject Uninsured and/or Underinsured Motorists Coverage on behalf of the corporation or other party for whom this selection is made. The rejection / selection indicated above shall apply to any policy offered and issued as a result of this application and all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter my coverage requirements have changed.

Signature of Applicant – For All Applicants

Date

PROXY STATEMENT

I hereby apply to _____ for the above specified insurance, and I hereby appoint the president and vice-president of the foregoing company, jointly, with full powers of substitution, to be my lawful proxy and attorney-in-fact, and in my absence they are authorized and empowered to vote for me at any membership meeting during the life of the insurance contract and/or policy, or any renewal thereof, and this proxy shall remain in force until revoked. There is no contingent liability, the policy for which I am applying is non-assessable. It is understood that there will be no liability against the Company until a duly authorized agent has approved and bound the Company for the insurance for which I have applied.

Signature of Applicant – For All Applicants

Date

Time (AM or PM)