

a GEICO subsidiary
P.O. Box 7729
Fredericksburg, VA 22404-7729
Tele.: 800-248-4998 E-Mail: overseas@geico.com

PERSONAL AUTO APPLICATION

APPLICANT INFORMATION		Policy Period <small>12:01 A.M. Standard Time at the Overseas Address as Stated Herein.</small>	Country
Policy # <input type="text"/>	<input type="text"/>		<input type="text"/>
Name <input type="text"/>	*Effective Date <small>MM/DD/YY</small>	Expiration Date <small>MM/DD/YY</small>	How Did You Hear About Us? <input type="text"/>
Age <input type="text"/>	Telephone <input type="text"/>	Yrs with Curr Emplr / In Service <input type="text"/>	
Occupation <input type="text"/>	Co Name / Branch of Service <input type="text"/>	How long is your assignment? <input type="text"/>	

ACCIDENTS/CONVICTIONS (Note: Driving records are verified with the state motor vehicle department and other insurers)
Have you or any drivers in your household been involved in any accidents, regardless of fault, or violations in the last 5 years?
If yes, indicate below. Also include comprehensive insurance losses.

Driver Name	Date of Acc/Viol <small>MM/DD/YY</small>	Description of Accident or Violation	Place	Bl or Death?	Amount of Damages

GENERAL INFORMATION										YES	NO	
<i>EXPLAIN ALL "YES" RESPONSES IN REMARKS</i>												
1	Any drivers license been suspended/revoked?											
2	Any driver convicted of DUI, DWI, or Hit and Run?											
3	Any driver with physical/mental impairment?											
4	Any vehicle not owned by applicant?											
5	Any vehicle used for business or commercial purposes?											
6	Any car modified/special equipment? (Including customized vans/pickups; indicate cost) Note: Stereo equipment that is not permanently installed is excluded from the policy.											
7	Any existing damage to vehicle? (Include damaged glass)											
8	Any other losses incurred? (not shown in Accident/Conviction area)											
9	Any coverage declined, cancelled, or non-renewed?											
10	Any other auto insurance in the household? (list insured name, company and policy number)											
11	Any other insurance with this company? (list policy number)											

REMARKS:

TG	Terr	Plate #	NCD	Underlyer	MCD	MCD Pol#
ABS	Use	Value	DRL	Car Group	Liter	MVR/CLUE
ATD	UK Post Code	Exchange Rate	Offered Personal Property	Advised of Signed App	Advised Mid Term Canc	Payment Plan

PRIOR COVERAGE				Expiration Date	
Company Name	Yrs w/ Co	Policy Number	MM/DD/YY	Explain Any Lapse in Coverage	

RESIDENT AND DRIVER INFORMATION (List all residents, dependents, and regular operators)

#	Name <small>(As it appears on license)</small>	Male / Female	Marital Status	Relation to Applicant	Date of Birth <small>MM/DD/YY</small>	Occup / Rank	Date Lic <small>MM/DD/YY</small>	Drivers License Number / State	Social Security Number <small>(Germany only)</small>
1									
2									
3									
4									

VEHICLE DESCRIPTION/USE

Year	Make	Model	US Spec or European	Body Type	VIN		Cylinders	Liters	Date Purchased MM/DD/YY	New/Used	Veh Value or Cost New
License Plate Number		State or Country of Plate	Name of Primary Driver	Miles One Way to Work	Garaged Y / N	Mileage	AntiLock Brakes Y/N	Daytime Running Lights Y/N	Air Bags 1 or 2	Sound System Value	Anti-Theft Act/Pass

LIEN HOLDER

Addl Int	Loss Payee	Name and Address	Loan Number
----------	------------	------------------	-------------

CONTACT INFORMATION

Insured Location (Overseas Address)		Stateside or Home Country Address <small>NOTE: COVERAGE FOR THE US IS EXCLUDED</small>		Name & Address of Nearest Relative or Local Economy Address	
Telephone		Telephone		Telephone	
E-Mail		Own / Rent	Base	E-Mail	

COVERAGES/PREMIUMS (All Amounts in USD)

Coverages	Limits of Liability		Premium
Single Limit Liability (CSL)		Ea Accident	
Bodily Injury Liability	Ea Person	Ea Accident	
Property Damage Liability	Ea Accident		
Medical Payments	Ea Person		
Comprehensive	Ded	ACV	
Collision	Ded	ACV	
Towing & Labor	\$100 per incident/\$300 annual maximum		Germany 150 Euro
Rental Reimbursement	\$50 per day/\$750 annual maximum		Germany 50 or 70 Euro

Additional Coverages

		Ded	
		Ded	

POLICY PERIOD

*Effective Date	MM/DD/YY	Expiration Date	MM/DD/YY	Premium
				Taxes
				**Total Premium
				Deposit

12:01 A.M. Standard Time at the Overseas Address as Stated Above.

Installments (No./Amt.)
Installments include \$5 Service Fee. Make Check Payable to "IIU". \$25 Charge for Returned Checks.

*Coverage is effective the day after we receive payment and this application. Not applicable if purchased in Europe.

**The quoted premium is subject to verification and adjustment, when necessary by the company. Policies cancelled flat are subject to a \$50 processing fee. Policies cancelled prior to the expiration are subject to a minimum charge of 20% annual premium. In Belgium, Germany, Italy or Spain cancellation is permitted only for demolition, destruction, sale or export of vehicle.

I hereby warrant the truth of the above statements and declare that I have not withheld any information whatever which might tend to influence the acceptance of this application. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void. I agree that this application shall be the basis of the Policy between me and the Company(s). I understand that my policy will be automatically renewed if I do not state otherwise. We reserve the right to review the applicants information along with information developed on any investigative reports, to determine eligibility for insurance.

X	IIU / Agt Code	<input type="text"/>
Applicant's Signature	Producer Code	<input type="text"/>
Date MM/DD/YY	Date MM/DD/YY	