



# Traders Insurance Company

1st Floor Alexander Building, Beach Road, San Jose Village  
P.O. Box 502473, Saipan, MP 96950  
Tel: (670) 234-7788/7789/7798/7799 Fax: (670) 234-8899  
Website: www.tradersinsco.com

## APPLICATION FORM AUTOMOBILE INSURANCE

Policy No. \_\_\_\_\_

The insurance afforded is only with respect to such and so many of the following coverages are indicated by specific premium change(s). The limit of the Company's liability each such coverage shall be stated herein, subject to all the terms of this policy having reference thereto.

Policy Period: Effective From: 12:01 am	Inception Date	To: 12:01 am	Expiry Date	Standard Time
Name of Insured			Agent/Broker	
Occupation	Mailing Address	Home Address	E-mail Address	
Date of Birth	Driver's License No	Tel No (Home)	Tel No (Work)	Tel No (Mobile)
Lienholder (Name of Mortgagee if any)				

### VEHICLE DESCRIPTION (For additional vehicles please use supplemental form)

Year	Trade Name	Model	Body Type	VIN/Engine No	Color	Plate No.	Present Value
No. Cyl.	New or Used	Purchase Date	What is the principal use of the vehicle? <input type="checkbox"/> Personal Use <input type="checkbox"/> Business Purpose				For bus, capacity

Check attached accessories not factory-installed. Specify others not indicated. Indicate Actual Cash Value on the line below.

<input type="checkbox"/> Radio \$ _____	<input type="checkbox"/> Air Conditioner \$ _____	<input type="checkbox"/> Louvers \$ _____	<input type="checkbox"/> Mag Wheels \$ _____	<input type="checkbox"/> Stereo & Accessories \$ _____	<input type="checkbox"/> Other _____ \$ _____
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Note : Accessories not factory-installed will only be covered if declared in this application

Name of Drivers	Relationship to Applicant	Date of Birth	Marital Status	Occupation	Driver's License	Years in Driving	% of Use

Geographical use of this vehicle:  Saipan     Tinian     Rota

Statement of Applicant (Please explain any "YES" answer on the space provided).	YES	NO
1. Had automobile insurance been declined, canceled or renewal refused?	<input type="checkbox"/>	<input type="checkbox"/>
2. Had applicant's driver's license been revoked, suspended or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did applicant have a moving violation within the last three (3) years or had been convicted of driving under the influence of alcohol or harmful drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did applicant have an accident (as driver) within the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did applicant have or continue to have a physical or mental deficiency or impairment?	<input type="checkbox"/>	<input type="checkbox"/>
6. If new applicant, please give name of previous insurance company and policy number?	<input type="checkbox"/>	<input type="checkbox"/>
7. I would like to <input type="checkbox"/> exclude driver under 25 years of age. <input type="checkbox"/> include driver under 25 years of age under coverage A & B.		

Coverages	Limit of Liability	Deductible	Base Premium	NCD %	MCD %	Fleet Disc.	Total Disc.	Total Premium
A) Comprehensive								
B) Collision								
C) Bodily Injury	Per Person							
	Per Accident							
D) Property Damage	Per Accident							
E) Medical Payment	Per Person (Max 3 Persons)							
Uninsured Motorist								
TOTAL AMOUNT DUE								

**IMPORTANT: This is an actual Cash Value Policy  
Actual Cash Value = Replacement Cost less Depreciation**

### READ BEFORE SIGNING

I hereby warrant the truth of the above Statements, and I declare that I have not withheld any information whatsoever which might tend in any way to influence the acceptance of this application. I also warrant that my automobile will be operated only by persons holding VALID CNMI DRIVER'S LICENSE. Specifically I agree to advise the Company in writing if the age of the youngest driver will be other than as stated herein. 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. It is further agreed that unless prior arrangements are made, any proceeds of claim on my property may be withheld until premiums of this Policy are paid in full.

Signature of Applicant

Date

Time

Signature of Authorized Representative



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## AUTOMOBILE INSPECTION FORM

NAME OF INSURED : \_\_\_\_\_

VEHICLE INSURED : \_\_\_\_\_ MILEAGE : \_\_\_\_\_

AGENT/BROKER : \_\_\_\_\_ PLATE NO. : \_\_\_\_\_ COLOR : \_\_\_\_\_

The following exceptions were noted at the time of acceptance

INDICATE LETTERS ON DRAWING BELOW

A PAINT SCRATCH

F HEADLIGHT BROKEN

K GLASS CRACKED BROKEN

B CHIPPED PAINT

G SIGNAL LIGHT BROKEN

L MAT TORN

C PAINT SCUFFED

H TAIL LIGHT BROKEN

M MAT STAINED

D DEEP METAL SCRATCH

I SEAT TORN

N DASH BOARD BROKEN

E DENT

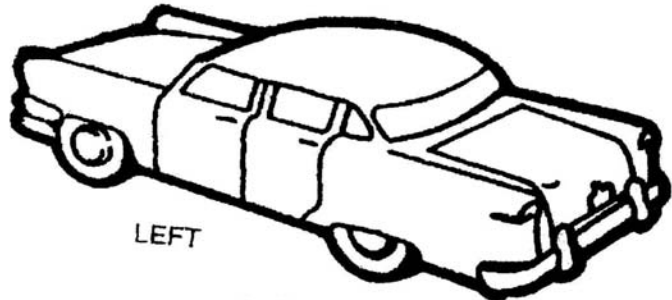
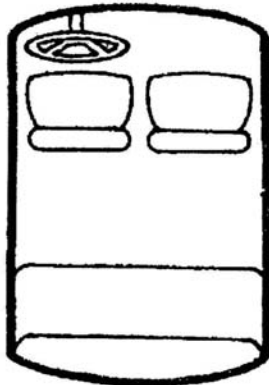
J SEAT STAINED

O OTHERS

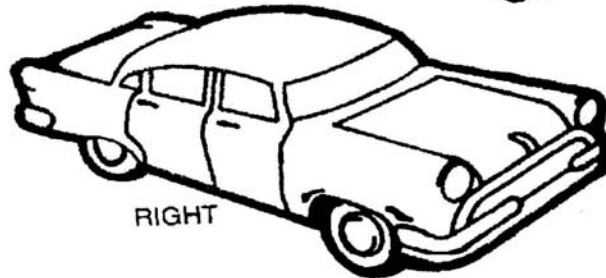
General condition of the vehicle :

Excellent  Good  Average  Unacceptable

INTERIOR



LEFT



RIGHT

Inspection Remarks : \_\_\_\_\_

Is the vehicle modified from manufacturer's specification ?  Yes  No

If Yes, Please described in detail ? \_\_\_\_\_

Insured's Acknowledgement :

I acknowledge that all notations hereon are true, and that I have read and understand the above.

Insured's Signature : \_\_\_\_\_

Authorized Signature : \_\_\_\_\_

For **TRADERS INSURANCE COMPANY**

Date : \_\_\_\_\_