



APPLICANT NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

PRIOR COVERAGE						
Prior Carrier	HAS THERE BEEN CONTINUOUS INSURANCE COVERAGE FOR AT LEAST SIX MONTHS?			YES	NO	PRIOR BODILY INJURY LIMIT

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)						
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 5 YEARS?				YES	NO	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH		AMOUNT OF PROPERTY DAMAGE
				YES	NO	

DO YOU HAVE OTHER POLICIES WITH THE HANOVER INSURANCE GROUP?			YES	NO
IF YES, PLEASE PROVIDE POLICY NUMBERS BELOW.				
POLICY NUMBER	EFFECTIVE DATE	LINE OF BUSINESS		

ADDITIONAL COVERAGES AND DISCOUNTS		PLEASE DISCUSS WITH YOUR INDEPENDENT AGENT FOR MORE INFORMATION. SUPPORTING DOCUMENTATION MAY BE REQUIRED TO BE ELIGIBLE FOR DISCOUNTS.	
<input type="checkbox"/>	ACCOUNT CREDIT	<input type="checkbox"/>	CONNECTIONS DriveSmart
<input type="checkbox"/>	PUBLIC TRANSIT DISCOUNT	<input type="checkbox"/>	CONNECTIONS DriveSmart ADVANTAGE
<input type="checkbox"/>	DRIVER SKILLS DEVELOPMENT	<input type="checkbox"/>	LOAN/LEASE GAP COVERAGE
<input type="checkbox"/>	PAID IN FULL DISCOUNT	<input type="checkbox"/>	ADVANCED QUOTE DISCOUNT
<input type="checkbox"/>	PROPERTY INSURANCE DISCOUNT		

**REMARKS (If additional space is required, attach additional sheet(s) of paper)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAIR CREDIT REPORTING ACT:** In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

**DECLARATIONS AND SIGNATURES**

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION AND ACCIDENT OR CLAIM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date and Time

**TO BE COMPLETED BY AGENT:**  
 The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date and Time

IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:

I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

\_\_\_\_\_  
 Applicant's Name