

Date of Notice: December 17, 2020

CURE Auto Insurance
214 Carnegie Center, Suite 301
Princeton, NJ 08540

Insured Name
Insured Address 1
City, State, Zip

| | |
|--|-------------------------|
| Renewal Application Questionnaire | |
| CURE Policy #: | NC10221545 |
| CURE Policyholder: | Lastname, Firstname |
| Renewal Effective Date: | January 15, 2021 |

Please complete the following information to the best of your knowledge:

I currently live at: _____

(Complete Address)

1. List **all** drivers and residents who live in your household (including children and roommates). Please also include any non-resident customary drivers:

| Name | Date of Birth | Driver's License # / Permit # |
|-------|---------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Please answer the following questions about any person listed above:

Is any vehicle listed on your current policy used for business? (real estate, delivers, etc.) Yes No

Is anyone listed above a full-time college student? Yes No

Do you or any driver in your household have a physical/mental condition or impairment that would impair their ability to drive? Yes No

Is any vehicle listed on your current policy kept at a different address than where you currently live? Yes No

Has any driver in your household been convicted of a moving traffic violation or had their license suspended or revoked within the past 36 months? Yes No

If yes, please indicate the driver's name, the date of violation, and the type of violation below:

| Name | Date | Type of Violation |
|-------|-------|-------------------|
| _____ | _____ | _____ |

I hereby declare that the statements on this questionnaire are true. I acknowledge that the submission of complete and accurate information to CURE is necessary for proper underwriting and rating of my renewal application. I affirm that I am a resident of Michigan, I understand that I am eligible to be a subscriber / policyholder with CURE only if I remain a resident of the State of Michigan. I agree that when or if I no longer meet this requirement my reciprocal insurance contract will be invalid.

I acknowledge the only members who currently reside in my household are listed on this questionnaire, and if any additional person(s) become new residents of my household, I will notify CURE in writing prior to such time.

I understand and agree that any false or misleading information or any material misrepresentation or omission by me in this renewal application questionnaire will void coverage from the inception date of the contract. I understand that any person who knowingly makes an application for Motor Vehicle Insurance Coverage containing any statement that the applicant resides or is domiciled in this State when, in fact, that applicant resides or is domiciled in a state other than this State, is subject to criminal and civil penalties. I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

| | |
|-----------|-------|
| Signature | Date |
| (X) _____ | _____ |