

[Redacted]



Personal Umbrella Policy Application

RECEIVED

JUL 14 2009

FISCAL ANALYST
PUPIL SERVICES/SPECIAL EDUCATION

*California State
Automobile Association
Inter-Insurance Bureau*

*150 Van Ness Avenue
P.O. Box 429186
San Francisco, CA 94142-9186*



Personal Umbrella Policy Application

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EFFECTIVE DATE		EXPIRATION DATE	
MONTH	DAY YEAR	MONTH	DAY YEAR
	7/13/2009		7/13/2010
12:01 AM STANDARD TIME BUT NOT PRIOR TO TIME APPLIED FOR		12:01 AM STANDARD TIME AT THE ADDRESS OF THE POLICYHOLDER	

Applicant Information					
MEMBERSHIP NUMBER	MAIL D.O.	REP. D.O.	REP. NO.	ALTERNATE PHONE (Include Area Code)	HOME PHONE (Include Area Code)
4290054308191814	46	46	226		925-827-5554

APPLICANT(S) (Last Name, First)
Gomez, Victor/ Deborah

MAILING ADDRESS
4124 Calaveras Dr

Pool/Spa/Hot Tub Y N Diving Board Y N

CITY STATE ZIP CODE NO. OF FAMILY UNITS INSURED BY NAME
Concord CA 94521 1 CSAA Other

DWELLING ADDRESS POLICY NO. NAME CK
9045162 GO

CITY STATE ZIP CODE PERSONAL LIABILITY LIMITS
500,000

Additional Residences
Include items owned, rented, leased furnished or available for regular use. For items not insured with CSAA, please provide copy of the current policy.

Occupied by Applicant Rented to Others

Pool/Spa/Hot Tub Y N Diving Board Y N

ADDRESS NO. OF FAMILY UNITS INSURED BY NAME
 CSAA Other

ADDRESS POLICY NO. NAME CK

CITY STATE ZIP CODE PERSONAL LIABILITY LIMITS

Occupied by Applicant Rented to Others

Pool/Spa/Hot Tub Y N Diving Board Y N

ADDRESS NO. OF FAMILY UNITS INSURED BY NAME
 CSAA Other

ADDRESS POLICY NO. NAME CK

CITY STATE ZIP CODE PERSONAL LIABILITY LIMITS

Occupied by Applicant Rented to Others

Pool/Spa/Hot Tub Y N Diving Board Y N

ADDRESS NO. OF FAMILY UNITS INSURED BY NAME
 CSAA Other

ADDRESS POLICY NO. NAME CK

CITY STATE ZIP CODE PERSONAL LIABILITY LIMITS

Autos (Include Motorhomes, Motorcycles licensed for road use or similar vehicles.)

NO.	YR.	MAKE	MODEL	INSURED BY	POLICY NO.	NAME CK	LIABILITY LIMITS
01	2006	Ford	150	<input checked="" type="checkbox"/> CSAA <input type="checkbox"/>	5W89117		500/500 PD
02	1996	TOYOTA	CAMRY	<input checked="" type="checkbox"/> CSAA <input type="checkbox"/>	5W89117		500/500 PD
03	2006	FORD	FREE STYLE	<input checked="" type="checkbox"/> CSAA <input type="checkbox"/>	5W89117		500/500 PD 100
04				<input type="checkbox"/> CSAA <input type="checkbox"/>			BI PD

Recreational Vehicles (Includes Golf Carts, Trailers, Snowmobiles, Motorcycles licensed for off-road use or similar vehicles.)

NO.	YR.	MAKE	TYPE OF RV	INSURED BY	POLICY NO.	NAME CK	LIABILITY LIMITS
01				<input type="checkbox"/> CSAA <input type="checkbox"/>			BI PD

Watercraft (Include ALL Boats and Jet Skis or watercraft.)

NO.	YR.	MAKE	TYPE	LENGTH	HP	PUP CAT	INSURED BY	POLICY NO.	NAME CK	LIABILITY LIMITS
01			<input type="checkbox"/> In <input type="checkbox"/> InOut <input type="checkbox"/> Out <input type="checkbox"/> Sail				<input type="checkbox"/> CSAA <input type="checkbox"/>			
02			<input type="checkbox"/> In <input type="checkbox"/> InOut <input type="checkbox"/> Out <input type="checkbox"/> Sail				<input type="checkbox"/> CSAA <input type="checkbox"/>			

Underwriting Information (Please answer the following. Explain all YES answers in REMARKS.)

	YES	NO		YES	NO
Is the applicant or any resident of the applicant's household Self-employed; a Public Lecturer, Broadcaster or Telecaster; Newspaper Reporter, Editor or Publisher; Professional Actor or Entertainer; Author or Professional Athlete, or involved in a similar occupation; or Holder of any Elected or Appointed Public Office or a Board Member?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the applicant or any resident of the applicant's household been involved in any auto, homeowners, or personal liability claims or losses in the last 3 years? If so, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any other liability policies in effect?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any exclusion endorsements on the auto or homeowners policy that would limit or exclude coverage? (i. e., endorsement excluding drivers, pets, certain property, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has any company cancelled or refused applicant or any resident of applicant's household, personal umbrella insurance in the last 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the applicant or any resident of the applicant's household involved in any type of home-based business? (i.e., day, home or child care operation, or any other personal businesses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Residents (List all residents of the household over age 14)

NO.	FIRST NAME	LAST NAME	DRIVER'S LICENSE NO.	AGE	OCCUPATION	CONV.	ACCIDENTS	
							FAULT	NON-F
01	Victor	Gomez	R0207851	62	Translator	0	0	0
02	Deborah	Gomez	N0129467	55	Driver	0	0	0
03								
04								

Coverage and Rating Information

RATING FACTOR		PREMIUM	REMARKS
LIMITS (Includes 1 Home and 1 Auto)	<input checked="" type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$3,000,000	\$ 135	
ADDITIONAL RESIDENCES OCCUPIED BY APPLICANT	No. 0	\$ 0	
RESIDENCES RENTED TO OTHERS	No. 0	\$ 0	
ADDITIONAL AUTOS	No. 2	\$ 100	
YOUNG DRIVERS	No. 0	\$ 0	
RECREATIONAL VEHICLES	No. 0	\$ 0	
WATERCRAFT CAT I	No. 0	\$ 0	
CAT II	No. 0	\$ 0	
CAT III	No. 0	\$ 0	
SWIMMING POOL/ SPAS/HOT TUBS	No. 0	\$	
SPECIAL PREMIUM		\$	
TOTAL PREMIUM		\$ 235.00	
PAYMENT WITH APPLICATION (Not a receipt for monies received)		\$ 235.00	

Read Before Signing: I have read the completed application. I understand that Bureau Auto, Homeowners and Personal Umbrella policies do not cover some types of vehicles, residences or watercraft, and that coverage may not be provided under all circumstances. On behalf of all persons named hereon and with respect to all vehicles listed hereon, I waive confidentiality under Vehicle Code section 1806.21. I know and warrant the facts and representations in this application to be true. I realize that the umbrella policy will be issued by the Bureau in reliance on such facts and representations. I hereby execute and agree to the terms of the Power of Attorney on the reverse hereof.

Each applicant and the Bureau agree that this application may be transmitted between them by facsimile machine. Each applicant and the Bureau intend that faxed signatures constitute original signatures and that an application containing the signatures (original or faxed) of all the parties be binding on all the parties.

APPLICANT'S SIGNATURE <i>Victor M. Gomez</i>	DATE 7/13/2009	TIME 2:28	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
WITNESS / DATE <i>Deborah Gomez 7/13/09</i>	SALES OR BRANCH MANAGER APPROVAL / DATE		M.O. UNDERWRITER APPROVAL / DATE

POWER OF ATTORNEY

WHEREAS, at San Francisco, California an office is conducted under the name of CALIFORNIA STATE AUTOMOBILE ASSOCIATION INTER-INSURANCE BUREAU (BUREAU), where certain persons, firms and corporations may exchange indemnity against loss or damage as provided in those provisions of the Insurance Code of the State of California relating to reciprocal insurers.

NOW, THEREFORE, the undermentioned Subscriber, hereby constitutes and appoints the President, the Chief Financial Officer, and the Secretary of the Bureau, or officers of the Bureau holding a comparable office in the event of a change in title, the subscriber's attorney, with full powers of substitution and revocation, and authorizes them or their substitute, to represent the subscriber from the date hereof until this Power of Attorney is revoked, for the following purposes: To exchange with other subscribers in the Bureau, indemnity and insurance, to the extent herein or hereafter applied for and described, against loss or damage in accordance with those provisions of the Insurance Code of the State of California relating to reciprocal insurers, and to subscribe and deliver all necessary contracts and to perform every act that the subscriber could do in relation to any such contract for the exchange of such indemnity. It is understood that this Power of Attorney shall be exercised in conformity with and subject to the Rules and Regulations of the Insurance Board of said Bureau, which Rules and Regulations are hereby assented to and approved by this Subscriber; said Board to be all times composed of an equal number of persons with the Board of Directors of the California State Automobile Association, and said Rules and Regulations and all modifications thereof to be at all times on file in the office of said Bureau.

NOTICE OF OUR INFORMATION PRACTICES AND YOUR RIGHTS

The Insurance Information and Privacy Protection Act regulates the collection and disclosure of personal information by the insurance industry. While not restricting industry access to necessary information, the law strengthens your role in the information gathering and disclosure process.

When we initially determine if we can insure you or when we perform an insurance transaction on your existing policy, we primarily use the information you have given us, but we may use other sources. We are allowed to disclose personal or privileged information without your authorization only in circumstances permitted by law. You have the right to see and, if necessary, correct personal information.

In addition, we may have also obtained information concerning your financial responsibility from ChoicePoint, Inc. ChoicePoint did not make any decision concerning this application and is unable to provide you with the specific reasons why any decision was made.

You have the right to obtain a free copy of the information provided to us by ChoicePoint for a period of sixty days after you have completed this application. You also have the right to dispute, with ChoicePoint, any information provided by them. To obtain a copy of this information, you may call the number below or write to:

ChoicePoint Consumer Center
P.O. Box 105108
Atlanta, Georgia 30348-5108
(800) 456-6004

If you would like a more detailed description of our information practices and your rights, please write us at:

CALIFORNIA STATE AUTOMOBILE ASSOCIATION
INTER-INSURANCE BUREAU
Attention: Insurance Services
P.O. Box 429186
San Francisco, California 94142-9186

