



Personal Auto Policy Change Form

Policy Number	Policy Effective Date	Policy Expiration Date

Agent Information	Insured Information
Name (Agent Number) Address City, State Zip	Name Address City, State Zip

Effective Date of Change:	Time Stamp of Change

Endorsement Description:

Insured's Signature

Date

Agent's Signature

Date



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<p>Rejection of Uninsured/Underinsured Motorist Coverage</p> <p>As required by Section 1952.101 through 1952.110 of the Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorist coverage in the amounts up to the automobile liability coverage limits I have on this policy. I have also been given the right to reject Uninsured/Underinsured Motorist coverage as follows:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> I hereby reject Uninsured/Underinsured Motorist coverage in its entirety. 2. <input type="checkbox"/> I hereby reject Uninsured/Underinsured Motorist coverage as respects to Property Damage Liability coverage. <p>The rejection indicated above shall apply on this policy and on all future renewals of such policy, and on all endorsements because of a change in vehicle or coverage, or because of an interruption of coverage, unless I notify the Company in writing that thereafter Uninsured/Underinsured Motorist coverage is desired.</p> <p>Applicant's Signature _____</p>	<p>Rejection of Personal Injury Protection</p> <p>The undersigned hereby rejects Personal Injury Protection in accordance with the right of rejection provided in Section 1952.152 through 1952.161 of the Texas Insurance Code. It is also understood in accordance with said article that unless the undersigned requests such coverage in writing, such coverage need not be provided in or supplemental to a renewal or because of a change in vehicle or coverage, or because any rewrite or reinstatement of this policy.</p> <p>Applicant's Signature _____</p> <hr/> <p style="text-align: center;">Statement of No Commercial Use</p> <p>I hereby certify that the vehicle(s) for which this policy applies are not used for business, farm, delivery (newspapers, pizza, groceries, etc.) transportation of people or goods for a fee or any commercial purpose. This statement is truthful and will form part of the application.</p> <p>Applicant's Signature _____</p>
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515A-Exclusion of Named Drivers & Partial Rejection of Coverages

This endorsement forms part of Policy Number _____ issued to _____ by **The Apollo Group** at its Agency located in **Allen, Texas** and is effective from _____ (12:01 am std time).

Warning

Read this Endorsement Carefully!

This acknowledgement and rejection is applicable to all renewals issued by us or any affiliated insurer. However, we must provide a notice with each renewal as follows: "This policy contains a named driver exclusion."

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

You agree that none of the insurance coverage afforded by this policy shall apply while

Name	Date of Birth	Relationship

Is operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured/Underinsured Motorist Coverage and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.

Named Insured _____ Date _____

Signature _____



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Applicant's Statement

I certify that the answers to all questions in this application are true and correct and I understand, recognize and agree that said answers are given and made for the purpose of inducing the Company to issue a policy for which I have applied. In the event the policy is issued, the Company may declare the policy null and void if any of said answers are false and made with the intent to deceive and materially affect the risk which the Company assumes by issuing the policy.

The coverages, including the offer of additional coverages, were explained to me and I knowingly made the selections on this application. Further, I understand rejection of coverage above applies with respect to all vehicles now insured under the policy as well as any vehicle which may be covered by the Policy in the future regardless of whether it is owned by me on the date of execution of this instrument. The above-signed rejections will apply to any renewal, additional vehicle endorsement, replacement vehicle endorsement or to other supplemental coverage to the Policy.

I further understand that the total premium shown on the first page of this application is the producer's calculation based in part upon the assumption that the information that I have provided regarding my driving record, designation and information concerning other operators of the insured vehicle and their driving records, and the principal location of the insured(s) is accurate and complete. If the Company determines that any such information is inaccurate or incomplete and I am notified of any additional premium based on accurate and complete information, I agree to pay such additional premium according to the directions in such notice.

I hereby appoint the President and Secretary of Home State Insurance Group, or either of them, or their successors in office, with full power in either to appoint or substitute, to be the undersigned's lawful proxy and attorney in fact, and said attorney is hereby authorized and empowered to attend any policyholder meetings, or any adjournment or adjournments thereof, and to represent, vote and otherwise act for the undersigned in the same manner and with the effect as if the undersigned were personally present. This proxy shall continue in force for the full period of the policy and any renewal thereof, unless sooner revoked in writing and shall be irrevocable for the full period permitted by law. I agree to be governed by the provisions of Chapter 912 of the Texas Insurance Code.

I also agree that if my premium remittance is not honored by my financial institution, no coverage will be afforded.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____