

HOME STATE COUNTY MUTUAL INSURANCE COMPANY

Named Insured: _____

Policy Number: _____

UNINSURED/UNDERINSURED MOTORISTS COVERAGE ELECTION/REJECTION

In accordance with the provision of Article 5.06-1, Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amounts up to the automobile liability coverage limits I have applied for in this application, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice(s):

- I(We) hereby reject Uninsured/Underinsured Motorists Coverage in its entirety; or
- I(We) hereby reject Uninsured/Underinsured Motorists Coverage as respects property damage liability coverage only in its entirety;
- I(We) hereby request Uninsured/Underinsured Motorists Coverage at the financial responsibility limits unless higher limits are requested as follows:

\$	BI, \$	PD; or \$	Combined Single Limit
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The rejection(s)/selection(s) indicated above shall apply on the policy herein applied for and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter my coverage requirements have changed.

I hereby warrant by my signature below, that I have specific authority by any corporation or other party named as a named insured to select or reject uninsured/underinsured motorists coverage in behalf of the corporation or other party for whom this selection is made.

X _____
Signature of Applicant Date

PERSONAL INJURY PROTECTION REJECTION

In accordance with the provisions of Article 5.06-3 of Texas Insurance Code, I have been offered and do hereby reject Personal Injury Protection Coverage in the company(ies) shown on this application. Unless otherwise requested in writing, this rejection shall apply to an supplemental or renewal policy issued in place of the policy herein applied for.

I hereby warrant by my signature below, that I have specific authority by any corporation or other party named as a named insured to select or reject this coverage in behalf of the corporation or other party for whom this selection is made.

X _____
Signature of Applicant Date

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal it. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made in to the charterer, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

NOTICE OF PROXY AND POWER TO VOTE - HOME STATE COUNTY MUTUAL INSURANCE COMPANY POLICIES

I hereby apply to the above insurance company for the above specifies insurance and I hereby appoint the President and Vice-President of the foregoing company, jointly, with full powers of substitution, to be my lawful proxy and attorney-in-fact, and in my absence they are authorized and empowered to vote for me a any membership meeting during the life of the insurance contract and/or policy, or any renewal thereof, and this proxy shall remain inforce until revoked. There is no contingent liability; the policy for which I am applying is non-assessable. It is understood that there shall be no liability against the company until a duly authorized agent has approved and bound the company for the insurance herein applied for.

Signature of Applicant **X** _____ Date _____ Time _____ A.M. P.M.

Signature and Address of Agent **X** _____ Date _____ Time _____ A.M. P.M.

Will premium be financed? Yes No **If yes, with whom** _____

DISCLOSURE

Because you have made application for insurance with Home State County Mutual Insurance Company, a company that has not appointed your agent, with respect to this application for insurance, your agent is not authorized to bind coverage or to execute or issue a policy for the subject risk. **Western Surplus Lines Agency, Inc.** (Texas Local Recording Agent) is the appointed agent for Home State County Mutual Insurance Company. **Western Surplus Lines Agency, Inc.** is the managing general agent for Home State County Mutual Insurance Company and we have placed your insurance coverage through them.

Signature of Applicant **X** _____ Date _____ Time _____ A.M. P.M.