



## IMPORTANT CHOICES REGARDING YOUR MOTOR VEHICLE REPORT

In order for, First Central Insurance Agency to provide you with a final and accurate quote, a Department of Motor Vehicle ("DMV") printout of your Motor Vehicle Report ("MVR") reflecting your driving record is required. This printout may be provided by you as long as the following criteria are met: (a) the MVR is an official copy from the DMV, and (b) it is not older than 30 days from today's date. I understand I have the option to provide First Central Insurance Agency with an Official MVR printout or First Central Insurance Agency can access this information on my behalf. If First Central Insurance Agency pulls my MVR printout I understand there is a Document Storage/Imaging charge of \$20.00. In the event I choose not to purchase insurance, I understand the \$20.00 fee is still due. By signing below I also understand that First Central Insurance Agency may only use the MVR obtained on my behalf for underwriting purposes and is prohibited by DMV regulations from giving me a copy. In the event First Central Insurance Agency is unable to access the MVR, I understand that I must disclose all violations and accidents to the best of my knowledge on the insurance application. I further understand that should the insurance company that I am applying for coverage with discover any additional violations or accidents, my policy may be subject to an up-rate in premium or cancellation of my policy.

**I have received and read the above notice and I understand and agree to its provisions.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SR-FILING ELIGIBILITY STATEMENT (Sign only if applicable)

I understand that according to my MVR I may not be eligible to obtain a valid license with the DMV. I have requested an SR-Filing to be issued with my insurance policy, and understand all fees are fully earned and non-refundable, even if I am not eligible to obtain a valid license on the effective date of the policy.

**I have received and read the above notice and I understand and agree to its provisions.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT DISCLOSURE

### **Insurance premiums must be paid when due.**

To keep your policy in force, you must pay the Insurance Company the monthly premium when due. If you do not send your monthly payment to the Insurance Company when due, you will lose your insurance coverage. If your coverage is cancelled, a new down payment is required in order to replace the coverage.

**Furthermore, the down payment you paid today does not include your next monthly payment.**  
**Please Note:** I understand that, even if I do **not** receive a bill, it is still my responsibility to pay the premiums when due. If I do **not receive a bill**, I **must** notify my broker or insurance company immediately. You can reach our Customer Service department at (916)482-6300

**I have received and read the above notice and I understand and agree to its provisions.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_