

The Applicant applies for insurance and represents the following to be true.

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|--|---------------------|-----------------------------------|--------------|----------------------------|---|--|----------------------------|--|----|
| APPLICATION TO: <input type="checkbox"/> ERIE INSURANCE EXCHANGE | | 1. AGENT'S NO. | AGENT'S NAME | | POLICY EFFECTIVE | | | | |
| | | | | | OR | | 12:01 A.M. | FROM | TO |
| 2. APPLICANT | | | | | PHONE NUMBER () | | UNDERWR CODE | | |
| 3. NUMBER AND STREET | | | | | | | | PROPERTY WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CITY | | STATE | | ZIP CODE | TOWNSHIP | COUNTY | TAX CODE | CITY/CO. CODE | |
| APPLICANT | OCCUPATION/POSITION | | | | SPOUSE'S OCCUPATION/POSITION | | | | |
| | EMPLOYER | | | | SPOUSE'S EMPLOYER | | | | |
| LIST ALL DRIVERS | | | BIRTH DATE | DRIVER'S LICENSE NO. | SOCIAL SECURITY NO. | MARITAL STATUS | RELATIONSHIP | | |
| ----- | | | / / | ----- | ----- | ----- | ----- | | |
| ----- | | | / / | ----- | ----- | ----- | ----- | | |
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| 5. SCHEDULE OF UNDERLYING POLICIES | | | | | POLICY PERIOD | | LIMITS OF LIABILITY | | |
| TYPE | | EXP. | INSURER | POLICY NO. | FROM | TO | BI | PD | |
| COMP PERSONAL LIABILITY (HP) ADDITIONAL DWELLING | | | | | | | | | |
| AUTO LIABILITY | CAR# CAR# | | | | | | | | |
| UNINSURED/UNDERINSURED MOTORIST COVERAGE (If Applicable) | | | | | | | | | |
| WATERCRAFT LIABILITY | | | | | | | | | |
| RECREATIONAL MOTOR VEH. | | | | | | | | | |
| 6. DOES THE UNDERLYING COMPREHENSIVE PERSONAL LIABILITY INCLUDE PERSONAL INJURY COVERAGE? DO UNDERLYING POLICIES COVER ALL EXPOSURES OUTLINED IN 7 AND 8 BELOW? IF NO, EXPLAIN | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |
| 7. PRIVATE PASSENGER AND COMMERCIAL AUTOMOBILES AND RECREATIONAL MOTOR VEHICLES. LIST ALL MOTORIZED VEHICLES SUBJECT TO MOTOR VEHICLE REGISTRATION WHICH ARE OWNED, LEASED OR REGULARLY FURNISHED TO THE APPLICANT OR SPOUSE. LIST RECREATIONAL VEHICLES WHETHER OR NOT SUBJECT TO MVR. | | | | | 10. RATING: ZONE | | | | |
| VEH. | YEAR | MAKE/MODEL | | OWNED, LEASED OR FURNISHED | | INITIAL RESIDENCE } \$ | | | |
| 1 | | | | | | 2 INITIAL AUTOS } \$ | | | |
| 2 | | | | | | ADDITIONAL AUTO (More than 2) } \$ | | | |
| 3 | | | | | | RECREATIONAL MOTOR VEHICLE (EACH) } \$ | | | |
| 4 | | | | | | UNMARRIED YOUTHFUL DRIVER } \$ | | | |
| 5 | | | | | | UNINSURED/UNDERINSURED } INITIAL AUTO \$ | | | |
| | | | | | COVERAGE (If Applicable): } ADDITIONAL AUTO \$ | | | | |
| | | | | | (Include charge if coverage } RECREATIONAL VEHICLE \$ | | | | |
| | | | | | has not been waived.) | | | | |
| | | | | | ADDITIONAL RESIDENCE (MAX. 6 UNITS) } \$ | | | | |
| | | | | | WATERCRAFT } \$ | | | | |
| | | | | | TOTAL INITIAL PREMIUM \$ | | | | |
| 8. WATERCRAFT LIABILITY LIST ALL WATERCRAFT OWNED, HIRED, CHARTERED OR USED BY APPLICANT | | | | | LESS CREDITS } \$ | | | | |
| INBOARD, OUTBOARD, INBOARD/OUTDRIVE, OR SAIL | | LENGTH | HP | RATED TOP SPEED-MPH | (IF ANY) } \$ | | | | |
| 1 | | | | | SUBTOTAL \$ | | | | |
| 2 | | | | | SURCHARGE \$ | | | | |
| 9. LIMITS OF LIABILITY DESIRED | | | | | SUBTOTAL \$ | | | | |
| <input type="checkbox"/> \$1,000,000 | | SELF-INSURED RETENTION | | | INCREASED LIMITS \$ | | | | |
| <input type="checkbox"/> \$2,000,000* | | <input type="checkbox"/> \$1,000 | | TOTAL ANNUAL PREMIUM \$ | | | | | |
| <input type="checkbox"/> \$3,000,000* | | <input type="checkbox"/> \$5,000 | | LESS PAYMENT \$ | | | | | |
| <input type="checkbox"/> \$4,000,000* | | <input type="checkbox"/> \$ | | BALANCE \$ | | | | | |
| <input type="checkbox"/> \$5,000,000* | | | | | | | | | |
| *Requires Home Office Approval Before Binding | | | | | PAYMENT PLAN* A B C D Monthly <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ERIExpressPay <input type="checkbox"/> ACCOUNT BILL No. CASH | | | | |
| | | | | | * A service charge is applied and paid to Erie Indemnity Com- pany for the second and subsequent installments on plans C, D, Account Billing and Monthly Billing. | | | | |

**APPLICANT(S)
PLEASE READ**

ANY PERSON WHO KNOWINGLY FILES AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES.

The Subscriber ("you" or "your") agrees with the other Subscribers at ERIE INSURANCE EXCHANGE ("ERIE"), a Reciprocal/Inter-Insurance Exchange, and with their Attorney-in-Fact, the Erie Indemnity Company ("we" or "us"), a Pennsylvania corporation with its Home Office in Erie, Pennsylvania, to the following:

- 1) You agree to pay your policy premiums and to exchange with other ERIE Subscribers policies providing insurance for any insured loss as stated in those policies.
- 2) You appoint us as Attorney-in-Fact with the power to: a) exchange policies with other ERIE Subscribers; b) take any action necessary for the exchange of such policies; c) issue, change, non-renew or cancel policies; d) obtain reinsurance; e) collect premiums; f) invest and reinvest funds; g) receive notices and proofs of loss; h) appear for, compromise, prosecute, defend, adjust and settle losses and claims under your policies; i) accept service of process on behalf of ERIE as insurer; and j) manage and conduct the business and affairs of ERIE, its affiliates and subsidiaries. This power of attorney is limited to the purposes described in this Agreement.
- 3) You agree that as compensation for us: a) becoming and acting as Attorney-in-Fact; b) managing the business and affairs of ERIE; and c) paying general administrative expenses, including sales commissions, salaries and employee benefits, taxes, rent, depreciation, supplies and data processing, we may retain up to 25% of all premiums written or assumed by ERIE. The rest of the premiums will be used for losses, loss adjustment expenses, investment expenses, damages, legal expenses, court costs, taxes, assessments, licenses, fees, any other governmental fines and charges, establishment of reserves and surplus, and reinsurance, and may be used for dividends and other purposes we decide are to the advantage of Subscribers.
- 4) You agree that this Agreement, including the power of attorney, shall have application to all insurance policies for which you apply at ERIE, including changes in any of your coverages.
- 5) You agree to sign and deliver to us all papers required to carry out this Agreement.
- 6) This Agreement, including the power of attorney, shall not be affected by your subsequent disability or incapacity.
- 7) This Agreement is and shall be binding upon you, us, and all executors, administrators, successors and assigns.

I certify that I have given true and complete answers to the questions in this application.
I have been given notice of the **Notice of Insurance Information Practices.**

**APPLICANT(S) TO
ERIE INSURANCE
EXCHANGE
SIGN HERE**

In witness whereof
 the Subscriber hereto
 sets his hand and seal

SUBSCRIBER'S SIGNATURE

Date

WARNING: IT IS UNDERSTOOD THAT ONLY \$1,000,000 OF PERSONAL LIABILITY PROTECTION CAN BE BOUND BY AN AUTHORIZED AGENT OF ERIE INSURANCE GROUP. LIMITS OF PROTECTION GREATER THAN \$1,000,000 MUST BE APPROVED BY THE HOME OFFICE AND NO INSURANCE IS AFFORDED UNLESS AND UNTIL THE APPLICATION IS ACCEPTED BY THE HOME OFFICE OF THE ERIE INSURANCE GROUP.

DO NOT BIND COVERAGE ON ANY PREVIOUSLY CANCELLED RISKS.

Do you consider this an acceptable risk? Agent's Signature