CALIFORNIA AUTO SUPPLEMENT

AGENCY	APPLICANT/NAMED INSURED	
	COMPANY:	EFFECTIVE DATE
CODE: SUB CODE:	POLICY #:	

DRIVER SELF CERTIFICATION

Under penalty of perjury, I hereby declare that the following describes the only accident(s) that I have been involved in within the last three years and whether or not they were my fault.

DRV #	DATE OF ACCIDENT	DESCRIPTION OF ACCIDENT	PLACE OF ACCIDENT	MY FAULT		BI OR DEATH		AMOUNT OF PROPERTY DAMAGE
				YES	NO	YES	NO	

IMPORTANT: Under California law, if an insurance company discovers that the above declaration contains a fraudulent or material misrepresentation, the insurance company may use that information to rate the policy, cancel the policy, or take any other action authorized by law.

Applicant's Signature _____ Date _____

© ACORD CORPORATION 2004
ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977