



Personal Automobile Insurance Application

Named Insured and Mailing Address

Insurance Company

650 Davis Street
San Francisco, CA 94111

Email:
Phone #1:
Phone #2:
Garaging Town:
Garaging Address:

Purchase Channel:

Policy Number	Purchase Date	Effective Date	Expiration Date
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This policy is effective at 12:01 AM on the effective date shown or the time the policy was purchased, whichever is later.

Vehicle Information			
Veh #	Year	Vehicle Description	Assigned Driver

You have indicated that all vehicles shown on this application are garaged at the same location in the Garaging Zip code shown above.

Veh #	Ownership Status	1 st Owner	Years Owned/Leased	Primary Use
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Veh #	Vehicle Identification Number	Annual Mileage	DriveSense [®] Discount	Anti-Theft
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Note: We do not insure vehicles that have salvaged, rebuilt or restored titles.

Loss Payees, Additional Insured – Lessor, and Lien Holder Information					
Veh #	Name	Address	City	State	Zip

Personal Automobile Insurance Application Continued...

Driver and Resident Information				
Driver #	First Name, Middle Initial, Last Name	SSN	Residence Insurance	Time at Residence

Driver #	Gender	Date of Birth	Marital Status	Relationship to Policy Holder	Primary Residence	Good Student
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Driver #	Drivers License # and State	Age Licensed	Driver Status	SR22
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Driver #	PayPal	Group Marketing	ERS	Driver Training Program
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You, your spouse, all members of your household 14 years or older and all regular or occasional drivers of the vehicles described in this Application are listed above.

Auto Accidents and Violations			
Driver #	Any major violations, accidents or claims in the last 5 years?	Any speeding tickets or other minor violations in the last 3 years?	Any DUIs or DWIs in the last 6 years?

Have all drivers in the household been claim free for the past 5 years, your insurance policy been in force continuously with no lapse, and at least one driver has 5 or more years of continuous driving experience? ____

Accident and claim free means: None of the drivers in the household have had an accident and have not submitted any claims, including Comprehensive claims of \$1,000 or more, in the last 5 years.

Customer Disclosed Auto Accidents and Violations		
Driver #	Type	Description

Personal Automobile Insurance Application Continued...

Automobile Insurance Coverage		
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Liability Coverages	Limits	Deductible
Bodily Injury to Others		
Optional Bodily Injury to Others		
Property Damage		
Personal Injury Protection		
Medical Payments		
Uninsured Motorist Bodily Injury		
Underinsured Motorist Bodily Injury		

Vehicle Coverages	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
	Limit/Deductible	Limit/Deductible	Limit/Deductible	Limit/Deductible

Comprehensive Coverage				
Collision Coverage				
Limited Collision Coverage				
Towing and Labor Coverage				
CarMatch Rental Coverage®				
Custom Parts and Equipment Coverage				
Auto Loan/Lease Coverage				

Prior Insurance Information				
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Current Insurance	Lapse Time	Years Insured	Prior BI Limits	Deductibles
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Prior Carrier	Expiration Date	Prior Premium
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You may be required to provide proof of insurance with your current insurance carrier which clearly indicates the coverage period and your current liability coverage limits. Your failure to provide the required documentation may result in an increase in your premium.

Terms and Conditions Agreement

Welcome to Esurance! We greatly appreciate your business. Please read this Terms and Conditions Agreement (this "Agreement") carefully.

As used in this Terms and Conditions Agreement ("Agreement"), "we," "us," and "our" refer to Esurance Insurance Company. "You" and "your" refer to the named insured(s) identified in the application for insurance ("Application"), and any spouse of the named insured who resides in the same household. "Insurance Policy Documents" collectively refers to your Application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

By completing the Application and checking the box next to the final acceptance agreement (titled "Closing Agreement") at the end of the Application, you : (i) declare that you have read and completed the Application on your own; (ii) declare that the Application has not been completed by any other individual, including an insurance agent, broker, consultant, or representative, even if you have consulted with any such persons; (iii) agree to all of the terms and conditions contained herein; (iv) declare that the statements contained in the Application are true to the best of your knowledge; (v) agree to pay any applicable charges resulting from inaccurate statements in the Application; (vi) acknowledge that your insurance policy ("Policy") may be rescinded, reduced or canceled and a claim may be denied if the Application contains any false information or misrepresentation, or if any information that would affect our underwriting decision has been omitted or misrepresented; (vii) declare that you have listed all drivers in your household, including any regular or frequent operators of the vehicle(s) described in the Application; (viii) declare that you have described any business or commercial use of your vehicle(s) in the Application; and (ix) agree that no coverage will be bound if your financial institution does not honor, or we do not receive, your payment.

Disclosure of Fees

Installment Fee

You may be charged an Installment Fee, as allowed by your state, if you elect to pay your premium in installments.

Late Payment Fee

You may be charged a Late Payment Fee of \$15.00 for each payment that is not received by the payment due date.

Finance Company Notification Service Fee

You may be charged a nonrefundable Finance Company Notification Service Fee of \$3.00 for each financed or leased vehicle listed on the Application.

Driver Filing Fee

You may be charged a Driver Filing Fee of \$25.00 for each driver who requires a proof of financial responsibility filing.

Paper Documents Fee

You may be charged a Paper Documents Fee of \$25.00 for electing to receive paper copies of Insurance Policy Documents that we would otherwise provide to you electronically.

Driving Device Restocking Fee

You may be charged a Driving Device Restocking Fee of \$100.00 for each device when the device(s) is/are not returned following policy cancellation or opting out of the DriveSense® Discount program.

State-Required Fees

You will be charged for fees as required by your state, if any.

Cancellation for Non-Payment of Premium

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy, in which case a cancellation notice will be mailed to the address shown on your Policy.

Release of Information Contained in Devices

If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

Electronic Transactions

The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you consent, you will receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

If you consent to electronic transactions, including receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your electronic Insurance Policy Documents at any time. However, the Paper Documents Fee set forth in the "Disclosure of Fees" section above may apply if you: (i) do not consent to electronic transactions, including receiving Insurance Policy Documents electronically; (ii) withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or (iii) request to receive paper copies of your electronic Insurance Policy Documents. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to electronic transactions, including receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests.

Before you give your consent to electronic transactions, including receiving Insurance Policy Documents electronically, please be aware that, in order to access Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the Internet; (ii) an Internet Service Provider; (iii) a browser capable of viewing our Web site; (iv) an email service account that allows you to read, write, and send email; and (v) the ability to use hyperlinks to access other Web sites (collectively referred to as the "Technical Requirements"). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the "print" button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader's directions for downloading and saving documents.

Cell Phone Policy

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages.

Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

Massachusetts Disclosure

You understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

Consent to Transact Business Electronically

By checking the agreement box below (directly below this paragraph), you: (i) agree to transact business electronically through our Web site and by email to, among other things, purchase your Policy, make payments, receive Insurance Policy Documents, renew and terminate your Policy, and send to us and receive from us communications related to your Policy; (ii) unless otherwise indicated, agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that, as required by law, we will deliver certain Insurance Policy Documents, such as termination notices, in paper format via U.S. Mail; (iii) agree that your checking of the agreement box below (directly below this paragraph) serves as, and replaces the need for your physical signature for this and all future transactions in connection with your Policy and Insurance Policy Documents, except as otherwise required by law; and (iv) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site. If you do not agree to transact business electronically, please do not check the agreement box below (directly below this paragraph); instead, please call us at 1-800-ESURANCE (1-800-378-7262) to complete your purchase over the phone, to engage in any other transactions with Esurance over the phone and to receive Insurance Policy Documents in paper format.

- “I agree to all of the terms and conditions contained in this Agreement and elect to transact business electronically and to receive Insurance Policy Documents electronically.”

Consent to Transact Business Non-Electronically

If you check the agreement box below (directly below this paragraph) for non-electronic transactions, you: (i) agree to transact business by non-electronic means, including by receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy; (ii) understand and acknowledge that you will be charged a Paper Documents Fee, as disclosed in the Disclosure of Fees section of this Agreement; and (iii) acknowledge that you have the option of electing to transact business electronically, including receiving Insurance Policy Documents electronically at any time, as specified in the Paper Documents section of this Agreement.

- “I agree to all of the terms and conditions contained in this Agreement and elect to transact business by non-electronic means, including receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding my Policy.”

Please check only one of the two (2) boxes above (i.e. You consent to transact business electronically OR You consent to transact business non-electronically).

If you consented to do business non-electronically, please sign this Agreement below and mail to:

Esurance
P.O. Box 5250
Sioux Falls, SD 57117-5250

Closing Agreement

- By checking this box I agree that I have read, and accepted, the Terms & Conditions and any state specific notices above. This also serves as my acknowledgement that notice of Esurance’s privacy policy, practices and use of consumer reports in regard to my policy has been provided to me. Furthermore, I confirm that I have chosen to conduct business either electronically or non-electronically.

Named Insured Signature

Date

Massachusetts Renewal Terms and Conditions Agreement

Esurance Insurance Company (Auto)

We greatly appreciate your business. Please read this Terms and Conditions Agreement (this “Agreement”) carefully.

As used in this Agreement, “we,” “us,” and “our” refer to Esurance Insurance Company. “You” and “your” refer to the named insured(s) identified in the Declarations Page (“Declarations Page”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your original application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

By accepting our renewal offer, you: (i) agree to all of the terms and conditions contained herein; (ii) declare that your Declarations Page is accurate and reflects your desired coverage selections and coverage limits; (iii) declare that you have listed all drivers in your household, including any regular or frequent operators of the vehicle(s) listed in the Declarations Page; (iv) declare that you have described any business or commercial use of your vehicle(s); and (v) agree that, subject to applicable law, coverage will not continue if your financial institution does not honor, or we do not receive your premium payment.

Disclosure of Fees

Installment Fee

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State-Required Fees

You will be charged for fees as required by your state, if any.

Cancellation for Non-Payment of Premium

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by

the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy.

Release of Information Contained in Devices

If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

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must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the “print” button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader’s directions for downloading and saving documents.

Cell Phone Policy

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages.

Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.



Personal Automobile Insurance Application

Named Insured and Mailing Address

Insurance Company

Esurance Insurance Company
 650 Davis Street
 San Francisco, CA 94111

Email:
 Phone #1:
 Phone #2:
 Garaging Town:
 Garaging Address:

Purchase Channel:

Policy Number	Purchase Date	Effective Date	Expiration Date
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Vehicle Information			
Veh #	Year	Vehicle Description	Assigned Driver

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Veh #	Ownership Status	1 st Owner	Years Owned/Leased	Primary Use
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Veh #	Vehicle Identification Number	Annual Mileage	DriveSense™ Discount	Anti-Theft
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Loss Payees, Additional Insured – Lessor, and Lien Holder Information					
Veh #	Name	Address	City	State	Zip

Personal Automobile Insurance Application Continued...

Driver and Resident Information				
Driver #	First Name, Middle Initial, Last Name	SSN	Residence Insurance	Time at Residence

Driver #	Gender	Date of Birth	Marital Status	Relationship to Policy Holder	Primary Residence	Good Student
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Driver #	Drivers License # and State	Age Licensed	Driver Status	SR22
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Have all drivers in the household been claim free for the past 5 years, your insurance policy been in force continuously with no lapse, and at least one driver has 5 or more years of continuous driving experience? ____

Accident and claim free means: None of the drivers in the household have had an accident and have not submitted any claims, including Comprehensive claims of \$1,000 or more, in the last 5 years.

Customer Disclosed Auto Accidents and Violations		
Driver #	Type	Description

Automobile Insurance Coverage		
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Liability Coverages	Limits	Deductible
Bodily Injury to Others Limits Bodily Injury to Others Optional Bodily Injury to Others Property Damage Limit Personal Injury Protection Medical Payments Uninsured Motorist Bodily Injury Underinsured Motorist Bodily Injury		

Vehicle Coverages	Vehicle 1 Limit/Deductible	Vehicle 2 Limit/Deductible	Vehicle 3 Limit/Deductible	Vehicle 4 Limit/Deductible
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Comprehensive Coverage & Deductibles Collision Coverage & Deductibles Limited Collision Coverage Towing and Labor Coverage CarMatch Rental -Coverage® Custom Parts and Equipment Coverage Auto Loan/Lease Coverage				
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Prior Insurance Information				
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Current Insurance	Lapse Time	Years Insured	Prior BI Limits	Deductibles
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Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

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The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you consent, you will receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

If you consent to electronic transactions, including receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your electronic Insurance Policy Documents at any time. However, the Paper Documents Fee set forth in the "Disclosure of Fees" section above may apply if you: (i) do not consent to electronic transactions, including receiving Insurance Policy Documents electronically; (ii) withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or (iii) request to receive paper copies of your electronic Insurance Policy Documents. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to electronic transactions, including receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests.

Before you give your consent to electronic transactions, including receiving Insurance Policy Documents electronically, please be aware that, in order to access Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the Internet; (ii) an Internet Service Provider; (iii) a browser capable of viewing our Web site; (iv) an email service account that allows you to read, write, and send email; and (v) the ability to use hyperlinks to access other Web sites (collectively referred to as the "Technical Requirements"). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the "print" button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader's directions for downloading and saving documents.

Cell Phone Policy

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages

Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

Massachusetts Disclosure

You understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

Consent to Transact Business Electronically.

By checking the agreement box below (directly below this paragraph), you: (i) agree to transact business electronically through our Web site and by email to, among other things, purchase your Policy, make payments, receive Insurance Policy Documents, renew and terminate your Policy, and send to us and receive from us communications related to your Policy; (ii) unless otherwise indicated, agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that, as required by law, we will deliver certain Insurance Policy Documents, such as termination notices, in paper format via U.S. Mail; (iii) agree that your checking of the agreement box below (directly below this paragraph) serves as, and replaces the need for your physical signature for this and all future transactions in connection with your Policy and Insurance Policy Documents, except as otherwise required by law; and (iv) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site. If you do not agree to transact business electronically, please do not check the agreement box below (directly below this paragraph); instead, please call us at 1-800-ESURANCE (1-800-378-7262) to complete your purchase over the phone, to engage in any other transactions with Esurance over the phone and to receive Insurance Policy Documents in paper format.

- "I agree to all of the terms and conditions contained in this Agreement and elect to transact business electronically and to receive Insurance Policy Documents electronically."

Consent to Transact Business Non-Electronically.

If you check the agreement box below (directly below this paragraph) for non-electronic transactions, you: (i) agree to transact business by non-electronic means, including by receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy; (ii) understand and acknowledge that you will be charged a Paper Documents Fee, as disclosed in the Disclosure of Fees section of this Agreement; and (iii) acknowledge that you have the option of electing to transact business electronically, including receiving Insurance Policy Documents electronically at any time, as specified in the Paper Documents section of this Agreement.

- "I agree to all of the terms and conditions contained in this Agreement and elect to transact business by non-electronic means, including receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding my Policy."

Please check only one of the two (2) boxes above (i.e. You consent to transact business electronically OR You consent to transact business non-electronically).

If you consented to do business non-electronically, please sign this Agreement below and mail to:

Esurance
P.O. Box 5250
Sioux Falls, SD 57117-5250

Closing Agreement

- By checking this box I agree that I have read, and accepted, the Terms & Conditions and any state specific notices above. This also serves as my acknowledgement that notice of Esurance’s privacy policy, practices and use of consumer reports in regard to my policy has been provided to me. Furthermore, I confirm that I have chosen to conduct business either electronically or non-electronically.

Named Insured Signature

Date

Massachusetts Renewal Terms and Conditions Agreement

Esurance Insurance Company (Auto)

Massachusetts Renewal Notice

We greatly appreciate your business. Please read this Terms and Conditions Agreement (this “Agreement”) carefully.

As used in this Agreement, “we,” “us,” and “our” refer to Esurance Insurance Services, Inc., doing business as Esurance or Esurance Insurance Agency Services Company. “You” and “your” refer to the named insured(s) identified in the Declarations Page (“Declarations Page”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your original application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

DECLARATION STATEMENTS

By accepting our renewal offer, you: (i) agree to all of the terms and conditions contained herein; (ii) declare that your Declarations Page is accurate and reflects your desired coverage selections and coverage limits; (iii) declare that you have listed all drivers in your household, including any regular or frequent operators of the vehicle(s) listed in the Declarations Page; (iv) declare that you have described any business or commercial use of your vehicle(s); and (v) agree that, ~~no~~ **subject to applicable law**, coverage will ~~be bound~~ **not continue** if your financial institution does not honor, or we do not receive, your **premium** payment.

DISCLOSURE OF FEES

Disclosure of Fees

Installment Fee

You may be charged an Installment Fee, as allowed by your state, if you elect to pay your premium in installments.

Late Payment Fee

You may be charged a Late Payment Fee of \$15.00 for each payment that is not received by the payment due date.

Finance Company Notification Service Fee

You may be charged a nonrefundable Finance Company Notification Service Fee of \$3.00 for each financed or leased vehicle listed on the Application.

Driver Filing Fee

You may be charged a Driver Filing Fee of \$25.00 for each driver who requires a proof of financial responsibility filing.

Paper Documents Fee

You may be charged a Paper Documents Fee of \$25.00 for electing to receive paper copies of Insurance Policy Documents that we would otherwise provide to you electronically.

Driving Device Restocking Fee

You may be charged a Driving Device Restocking Fee of \$100.00 for each device when the device(s) is/are not returned following policy cancellation or opting out of the DriveSense™[®] Discount program.

State-Required Fees

You will be charged for fees as required by your state, if any.

~~CANCELLATION FOR NON-PAYMENT OF PREMIUM~~

Cancellation for Non-payment of Premium

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy.

Release of Information Contained in Devices

If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.

~~NOTICE OF INSURANCE PRACTICES AND USE OF CONSUMER REPORTS~~

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. ~~Please contact us for more information.~~

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

~~RELEASE OF INFORMATION CONTAINED IN DEVICES~~

~~If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.~~

UPDATING YOUR CONTACT INFORMATION

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

ELECTRONIC DOCUMENTS

Electronic Transactions

The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you have provided this consent to us previously, and have not withdrawn such consent, you will continue to receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

PAPER DOCUMENTS

If you consent to electronic transactions, including receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your electronic Insurance Policy Documents at any time. However, the Paper Documents Fee set forth in the “Disclosure of Fees” section above may apply if you: (i) withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or do not consent to electronic transactions, including receiving Insurance Policy Documents electronically; (ii) request to receive paper copies of your electronic Insurance Policy Documents withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or (iii) request to receive paper copies of your electronic Insurance Policy Documents. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to electronic transactions, including receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests.

TECHNICAL REQUIREMENTS FOR ELECTRONIC DELIVERY

Please Before you give your consent to electronic transactions, including receiving Insurance Policy Documents electronically, please be aware that, in order to access Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the Internet; (ii) an Internet Service Provider; (iii) a browser capable of viewing our Web site; (iv) an email service account that allows you to read, write, and send email; and (v) the ability to use hyperlinks to access other Web sites (collectively referred to as the “Technical Requirements”). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

CELL PHONE POLICY

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages,

from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages.

ACCESSING YOUR ONLINE ACCOUNT

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the “print” button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader’s directions for downloading and saving documents.

CONSENT TO TRANSACT BUSINESS ELECTRONICALLY

If you have previously agreed to transact business electronically, then by accepting our renewal offer, you: (i) agree to continue to transact business electronically through our Web site and by email to, among other things, make payments, receive Insurance Policy Documents, renew and terminate your Policy, and send to us and receive from us communications related to your Policy; (ii) unless otherwise indicated, agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that, as required by law, we will deliver certain Insurance Policy Documents, such as termination notices, in paper format via U.S. Mail; and (iii) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site. If you have previously chosen to transact business by non-electronic means by receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy then that choice will remain in effect until you agree to transact business electronically.

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Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

Massachusetts Renewal Terms and Conditions Agreement

Esurance Insurance Company (Auto)

Massachusetts Renewal Notice

We greatly appreciate your business. Please read this Terms and Conditions Agreement (this “Agreement”) carefully.

As used in this Agreement, “we,” “us,” and “our” refer to Esurance Insurance Services, Inc., doing business as Esurance or Esurance Insurance Agency Services Company. “You” and “your” refer to the named insured(s) identified in the Declarations Page (“Declarations Page”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your original application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

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Disclosure of Fees

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Release of Information Contained in Devices

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~~NOTICE OF INSURANCE PRACTICES AND USE OF CONSUMER REPORTS~~

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. Please contact us for more information.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

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Massachusetts Renewal Terms and Conditions Agreement

Esurance Insurance Company (Auto)

Massachusetts Renewal Notice

We greatly appreciate your business. Please read this Terms and Conditions Agreement (this “Agreement”) carefully.

As used in this Agreement, “we,” “us,” and “our” refer to Esurance Insurance Services, Inc., ~~doing business as Esurance or Esurance Insurance Agency Services.~~ **Company**. “You” and “your” refer to the named insured(s) identified in the Declarations Page (“Declarations Page”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your original application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

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State-Required Fees

You will be charged for fees as required by your state, if any.

Cancellation for NON-PAYMENT **Non-Payment** of **PREMIUM** **Premium**

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy.

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Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. ~~Please contact us for more information.~~

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

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receive from us communications related to your Policy; (ii) unless otherwise indicated, agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that, as required by law, we will deliver certain Insurance Policy Documents, such as termination notices, in paper format via U.S. Mail; and (iii) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site. If you have previously chosen to transact business by non-electronic means by receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy then that choice will remain in effect until you agree to transact business electronically.

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Massachusetts Renewal Terms and Conditions Agreement

Esurance Insurance Company (Auto)

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Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. ~~Please contact us for more information.~~

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

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Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. ~~Please contact us for more information.~~

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

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In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

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Personal Automobile Insurance Application

Named Insured and Mailing Address

Insurance Company

Esurance Insurance Company
 650 Davis Street
 San Francisco, CA 94111

Email:
 Phone #1:
 Phone #2:
 Garaging Town:
 Garaging Address:

Purchase Channel:

Policy Number	Purchase Date	Effective Date	Expiration Date
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This policy is effective at 12:01 AM on the effective date shown or the time the policy was purchased, whichever is later.

Vehicle Information			
Veh #	Year	Vehicle Description	Assigned Driver

You have indicated that all vehicles shown on this application are garaged at the same location in the Garaging Zip code shown above.

Veh #	Ownership Status	1 st Owner	Years Owned/Leased	Primary Use
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Veh #	Vehicle Identification Number	Annual Mileage	DriveSense [®] Discount	Anti-Theft
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Note: We do not insure vehicles that have salvaged, rebuilt or restored titles.

Loss Payees, Additional Insured – Lessor, and Lien Holder Information					
Veh #	Name	Address	City	State	Zip

Personal Automobile Insurance Application Continued...

Driver and Resident Information				
Driver #	First Name, Middle Initial, Last Name	SSN	Residence Insurance	Time at Residence

Driver #	Gender	Date of Birth	Marital Status	Relationship to Policy Holder	Primary Residence	Good Student
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Driver #	Drivers License # and State	Age Licensed	Driver Status	SR22
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Driver #	PayPal	Group Marketing	ERS	Driver Training Program
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You, your spouse, all members of your household 14 years or older and all regular or occasional drivers of the vehicles described in this Application are listed above.

Auto Accidents and Violations			
Driver #	Any major violations, accidents or claims in the last 5 years?	Any speeding tickets or other minor violations in the last 3 years?	Any DUIs or DWIs in the last 6 years?

Have all drivers in the household been claim free for the past 5 years, your insurance policy been in force continuously with no lapse, and at least one driver has 5 or more years of continuous driving experience? ____

Accident and claim free means: None of the drivers in the household have had an accident and have not submitted any claims, including Comprehensive claims of \$1,000 or more, in the last 5 years.

Customer Disclosed Auto Accidents and Violations		
Driver #	Type	Description

Automobile Insurance Coverage		
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Liability Coverages	Limits	Deductible
Bodily Injury to Others		
Optional Bodily Injury to Others		
Property Damage		
Personal Injury Protection		
Medical Payments		
Uninsured Motorist Bodily Injury		
Underinsured Motorist Bodily Injury		

Vehicle Coverages	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
	Limit/Deductible	Limit/Deductible	Limit/Deductible	Limit/Deductible
Comprehensive Coverage				
Collision Coverage				
Limited Collision Coverage				
Towing and Labor Coverage				
CarMatch Rental Coverage®				
Custom Parts and Equipment Coverage				
Auto Loan/Lease Coverage				

Prior Insurance Information				
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Current Insurance	Lapse Time	Years Insured	Prior BI Limits	Deductibles
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Prior Carrier	Expiration Date	Prior Premium
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You may be required to provide proof of insurance with your current insurance carrier which clearly indicates the coverage period and your current liability coverage limits. Your failure to provide the required documentation may result in an increase in your premium.

Terms and Conditions Agreement

Welcome to Esurance! We greatly appreciate your business. Please read this Terms and Conditions Agreement (this "Agreement") carefully.

As used in this Terms and Conditions Agreement ("Agreement"), "we," "us," and "our" refer to Esurance Insurance Company. "You" and "your" refer to the named insured(s) identified in the application for insurance ("Application"), and any spouse of the named insured who resides in the same household. "Insurance Policy Documents" collectively refers to your Application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

By completing the Application and checking the box next to the final acceptance agreement (titled "Closing Agreement") at the end of the Application, you : (i) declare that you have read and completed the Application on your own; (ii) declare that the Application has not been completed by any other individual, including an insurance agent, broker, consultant, or representative, even if you have consulted with any such persons; (iii) agree to all of the terms and conditions contained herein; (iv) declare that the statements contained in the Application are true to the best of your knowledge; (v) agree to pay any applicable charges resulting from inaccurate statements in the Application; (vi) acknowledge that your insurance policy ("Policy") may be rescinded, reduced or canceled and a claim may be denied if the Application contains any false information or misrepresentation, or if any information that would affect our underwriting decision has been omitted or misrepresented; (vii) declare that you have listed all drivers in your household, including any regular or frequent operators of the vehicle(s) described in the Application; (viii) declare that you have described any business or commercial use of your vehicle(s) in the Application; and (ix) agree that no coverage will be bound if your financial institution does not honor, or we do not receive, your payment.

Disclosure of Fees

Installment Fee

You may be charged an Installment Fee, as allowed by your state, if you elect to pay your premium in installments.

Late Payment Fee

You may be charged a Late Payment Fee of \$15.00 for each payment that is not received by the payment due date.

Finance Company Notification Service Fee

You may be charged a nonrefundable Finance Company Notification Service Fee of \$3.00 for each financed or leased vehicle listed on the Application.

Driver Filing Fee

You may be charged a Driver Filing Fee of \$25.00 for each driver who requires a proof of financial responsibility filing.

Paper Documents Fee

You may be charged a Paper Documents Fee of \$25.00 for electing to receive paper copies of Insurance Policy Documents that we would otherwise provide to you electronically.

Driving Device Restocking Fee

You may be charged a Driving Device Restocking Fee of \$100.00 for each device when the device(s) is/are not returned following policy cancellation or opting out of the DriveSense® Discount program.

State-Required Fees

You will be charged for fees as required by your state, if any.

Cancellation for Non-Payment of Premium

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy, in which case a cancellation notice will be mailed to the address shown on your Policy.

Release of Information Contained in Devices

If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

Electronic Transactions

The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you consent, you will receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

If you consent to electronic transactions, including receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your electronic Insurance Policy Documents at any time. However, the Paper Documents Fee set forth in the "Disclosure of Fees" section above may apply if you: (i) do not consent to electronic transactions, including receiving Insurance Policy Documents electronically; (ii) withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or (iii) request to receive paper copies of your electronic Insurance Policy Documents. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to electronic transactions, including receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests.

Before you give your consent to electronic transactions, including receiving Insurance Policy Documents electronically, please be aware that, in order to access Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the Internet; (ii) an Internet Service Provider; (iii) a browser capable of viewing our Web site; (iv) an email service account that allows you to read, write, and send email; and (v) the ability to use hyperlinks to access other Web sites (collectively referred to as the "Technical Requirements"). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the "print" button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader's directions for downloading and saving documents.

Cell Phone Policy

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages

Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

Massachusetts Disclosure

You understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

Consent to Transact Business Electronically.

By checking the agreement box below (directly below this paragraph), you: (i) agree to transact business electronically through our Web site and by email to, among other things, purchase your Policy, make payments, receive Insurance Policy Documents, renew and terminate your Policy, and send to us and receive from us communications related to your Policy; (ii) unless otherwise indicated, agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that, as required by law, we will deliver certain Insurance Policy Documents, such as termination notices, in paper format via U.S. Mail; (iii) agree that your checking of the agreement box below (directly below this paragraph) serves as, and replaces the need for your physical signature for this and all future transactions in connection with your Policy and Insurance Policy Documents, except as otherwise required by law; and (iv) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site. If you do not agree to transact business electronically, please do not check the agreement box below (directly below this paragraph); instead, please call us at 1-800-ESURANCE (1-800-378-7262) to complete your purchase over the phone, to engage in any other transactions with Esurance over the phone and to receive Insurance Policy Documents in paper format.

- "I agree to all of the terms and conditions contained in this Agreement and elect to transact business electronically and to receive Insurance Policy Documents electronically."

Consent to Transact Business Non-Electronically.

If you check the agreement box below (directly below this paragraph) for non-electronic transactions, you: (i) agree to transact business by non-electronic means, including by receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy; (ii) understand and acknowledge that you will be charged a Paper Documents Fee, as disclosed in the Disclosure of Fees section of this Agreement; and (iii) acknowledge that you have the option of electing to transact business electronically, including receiving Insurance Policy Documents electronically at any time, as specified in the Paper Documents section of this Agreement.

- "I agree to all of the terms and conditions contained in this Agreement and elect to transact business by non-electronic means, including receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding my Policy."

Please check only one of the two (2) boxes above (i.e. You consent to transact business electronically OR You consent to transact business non-electronically).

If you consented to do business non-electronically, please sign this Agreement below and mail to:

Esurance
P.O. Box 5250
Sioux Falls, SD 57117-5250

Closing Agreement

- By checking this box I agree that I have read, and accepted, the Terms & Conditions and any state specific notices above. This also serves as my acknowledgement that notice of Esurance’s privacy policy, practices and use of consumer reports in regard to my policy has been provided to me. Furthermore, I confirm that I have chosen to conduct business either electronically or non-electronically.

Named Insured Signature

Date



Personal Automobile Insurance Application

Named Insured and Mailing Address

Insurance Company

Esurance Insurance Company
 650 Davis Street
 San Francisco, CA 94111

Email:
 Phone #1:
 Phone #2:
 Garaging Town:
 Garaging Address:

Purchase Channel:

Policy Number	Purchase Date	Effective Date	Expiration Date
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This policy is effective at 12:01 AM on the effective date shown or the time the policy was purchased, whichever is later.

Vehicle Information			
Veh #	Year	Vehicle Description	Assigned Driver

You have indicated that all vehicles shown on this application are garaged at the same location in the Garaging Zip code shown above.

Veh #	Ownership Status	1 st Owner	Years Owned/Leased	Primary Use
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Veh #	Vehicle Identification Number	Annual Mileage	DriveSense™ Discount	Anti-Theft
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Note: We do not insure vehicles that have salvaged, rebuilt or restored titles.

Loss Payees, Additional Insured – Lessor, and Lien Holder Information					
Veh #	Name	Address	City	State	Zip

Personal Automobile Insurance Application Continued...

Driver and Resident Information				
Driver #	First Name, Middle Initial, Last Name	SSN	Residence Insurance	Time at Residence

Driver #	Gender	Date of Birth	Marital Status	Relationship to Policy Holder	Primary Residence	Good Student
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Driver #	Drivers License # and State	Age Licensed	Driver Status	SR22
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Driver #	PayPal	Group Marketing	ERS	Driver Training Program
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You, your spouse, all members of your household 14 years or older and all regular or occasional drivers of the vehicles described in this Application are listed above.

Auto Accidents and Violations			
Driver #	Any major violations, accidents or claims in the last 5 years?	Any speeding tickets or other minor violations in the last 3 years?	Any DUIs or DWIs in the last 6 years?

Have all drivers in the household been claim free for the past 5 years, your insurance policy been in force continuously with no lapse, and at least one driver has 5 or more years of continuous driving experience? ____

Accident and claim free means: None of the drivers in the household have had an accident and have not submitted any claims, including Comprehensive claims of \$1,000 or more, in the last 5 years.

Customer Disclosed Auto Accidents and Violations		
Driver #	Type	Description

Automobile Insurance Coverage

Liability Coverages	Limits	Deductible
Bodily Injury to Others	Limit	
Bodily Injury to Others	Limit	
Optional Bodily Injury to Others		
Property Damage	Limit	
Personal Injury Protection		
Medical Payments		
Uninsured Motorist Bodily Injury		
Underinsured Motorist Bodily Injury		

Vehicle Coverages	Vehicle 1 Limit/Deductible	Vehicle 2 Limit/Deductible	Vehicle 3 Limit/Deductible	Vehicle 4 Limit/Deductible
Comprehensive Coverage & Deductibles				
Collision Coverage & Deductibles				
Limited Collision Coverage				
Towing and Labor Coverage				
CarMatch Rental Coverage®				
Custom Parts and Equipment Coverage				
Auto Loan/Lease Coverage				

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Current Insurance	Lapse Time	Years Insured	Prior BI Limits	Deductibles

Prior Carrier	Expiration Date	Prior Premium

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As used in this Terms and Conditions Agreement ("Agreement"), "we," "us," and "our" refer to Esurance Insurance ~~Services, Inc., doing business as Esurance or Esurance Insurance Agency Services Company.~~ "You" and "your" refer to the named insured(s) identified in the application for insurance ("Application"), and any spouse of the named insured who resides in the same household. "Insurance Policy Documents" collectively refers to your Application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

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You may be charged a Driving Device Restocking Fee of ~~\$35~~100.00 for each device when the device(s) is/are not returned following policy cancellation or opting out of the ~~DriveSense™~~ DriveSense® Discount program.

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To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy, in which case a cancellation notice will be mailed to the address shown on your Policy.

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Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

Electronic Transactions

The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you consent, you will receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

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To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the "print" button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader's directions for downloading and saving documents.

Cell Phone Policy

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages

Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

Massachusetts Disclosure

You understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

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Please check only one of the two (2) boxes above (i.e. You consent to transact business electronically OR You consent to transact business non-electronically).

If you consented to do business non-electronically, please sign this Agreement below and mail to:

Esurance
P.O. Box 5250
Sioux Falls, SD 57117-5250

Closing Agreement

- By checking this box I agree that I have read, and accepted, the Terms & Conditions and any state specific notices above. This also serves as my acknowledgement that notice of Esurance’s privacy policy, practices and use of consumer reports in regard to my policy has been provided to me. Furthermore, I confirm that I have chosen to conduct business either electronically or non-electronically.

Named Insured Signature

Date

Massachusetts Renewal Terms and Conditions Agreement

Esurance Insurance Company (Auto)

Massachusetts Renewal Notice

We greatly appreciate your business. Please read this Terms and Conditions Agreement (this “Agreement”) carefully.

As used in this Agreement, “we,” “us,” and “our” refer to Esurance Insurance ~~Services, Inc., doing business as Esurance or Esurance Insurance Agency Services Company.~~ “You” and “your” refer to the named insured(s) identified in the Declarations Page (“Declarations Page”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your original application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

DECLARATION STATEMENTS

By accepting our renewal offer, you: (i) agree to all of the terms and conditions contained herein; (ii) declare that your Declarations Page is accurate and reflects your desired coverage selections and coverage limits; (iii) declare that you have listed all drivers in your household, including any regular or frequent operators of the vehicle(s) listed in the Declarations Page; (iv) declare that you have described any business or commercial use of your vehicle(s); and (v) agree that ~~no~~, subject to applicable law, coverage will ~~be bound~~ not continue if your financial institution does not honor, or we do not receive, your premium payment.

Disclosure of Fees

Installment Fee

You may be charged an Installment Fee, as allowed by your state, if you elect to pay your premium in installments.

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You may be charged a Driving Device Restocking Fee of \$100.00 for each device when the device(s) is/are not returned following policy cancellation or opting out of the DriveSense[®] Discount program.

State-Required Fees

You will be charged for fees as required by your state, if any.

Cancellation for ~~NON-PAYMENT~~ Non-Payment of PREMIUM ~~Premium~~

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy.

Release of Information Contained in Devices

If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. ~~Please contact us for more information.~~

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by state agencies. However, we do not order credit reports nor do we base rates on credit scores. The reports we do order are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an investigative report. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any state agency that furnishes us with your report.

~~RELEASE OF INFORMATION CONTAINED IN DEVICES~~

~~If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.~~

~~Updating Your Contact Information~~

~~You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.~~

Electronic ~~DOCUMENTS~~ Transactions

The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you ~~have provided this consent to us previously, and have not withdrawn such consent,~~ you will ~~continue to~~ receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

PAPER DOCUMENTS

If you consent to electronic transactions, including receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your electronic Insurance Policy Documents at any time. However, the Paper Documents Fee set forth in the “Disclosure of Fees” section above may apply if you: (i) do not consent to electronic transactions, including receiving Insurance Policy Documents electronically; (ii) withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or (iii) request to receive paper copies of your electronic Insurance Policy Documents. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to electronic transactions, including receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests.

TECHNICAL REQUIREMENTS FOR ELECTRONIC DELIVERY

~~Please~~ Before you give your consent to electronic transactions, including receiving Insurance Policy Documents electronically, please be aware that, in order to access Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the Internet; (ii) an Internet Service Provider; (iii) a browser capable of viewing our Web site; (iv) an email service account that allows you to read, write, and send email; and (v) the ability to use hyperlinks to access other Web sites (collectively referred to as the “Technical Requirements”). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

CELL PHONE POLICY

~~You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages.~~

ACCESSING YOUR ONLINE ACCOUNT

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the “print” button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader’s directions for downloading and saving documents.

CONSENT TO TRANSACT BUSINESS ELECTRONICALLY

Cell Phone Policy

~~If you have previously agreed to transact business electronically, then by accepting our renewal offer, you: (i) agree to continue to transact business electronically through our Web site and by email to, among other things, make payments, receive Insurance Policy Documents, renew and terminate your Policy, and send to us and receive from us communications related to your Policy; (ii) unless otherwise indicated, agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that, as required by law, we will deliver certain Insurance Policy Documents, such as termination notices, in paper format via U.S. Mail; and (iii) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site. If you have previously chosen to transact business by non-electronic means by receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy then that choice will remain in effect until you agree to transact business electronically.~~

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages

If Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.