STATE OF ALABAMA DEPARTMENT OF INSURANCE MONTGOMERY, ALABMA

APPLICATION FOR CERTIFICATE OF AUTHORITY OF AUTOMOBILE CLUB OR ASSOCIATION

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF ALABAMA:

Application is hereby made for Certificate of Authority of the following named automobile club or association to transact its appropriate business within said State for the year ending December 31, 20____; and, as a condition precedent to the issuance of said Certificate of Authority, the information as called for below is submitted and such information is full, true, and correct.

		or assorby its Assista	ciation has cau President or V nt Secretary a	ised this application of the second in the s	d automobile club cation to be signed and Secretary or its corporate seal day of
			President or	Vice-Presiden	t
			Secretary or	Assistant Secr	etary
FE	IN				
Na	me of Automobile Club or Association				
	Number and Street	City		State	Zip
Ma	P.O. Box/Number and Street	City		State	Zip
1. 2. 3. 4.	When were you incorporated or organized? Under the laws of what state were you incorporate when did you commence business? In what states is your automobile c	ated or or	ganized?association	licensed an	nd/or operating?
5. 6.	Has your license ever been revoked by any state Approximately how many members doe	?			
7.	Do you understand that each individual or rep	resentati	ve who solicit	s business in	Alabama must be
	licensed by the Commissioner of Insurance?				
8.	Does your automobile club or association offer in If so, insurance is underwritten by the following		•	ts services?	