

ERIE FAMILY LIFE INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR SELECT UNDERWRITING CLASSIFICATIONS
(Ages 21 and Up)

PROPOSED INSURED	LAST NAME				FIRST NAME				MID. INITIAL
DATE OF BIRTH	MONTH	DAY	YEAR	DRIVER'S LICENSE NUMBER				STATE	

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you had more than 2 moving violations in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a D.U.I., D.W.I., or reckless driving motor vehicle violation in the last 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 3 years, have you operated a motorcycle (other than a touring or cruiser bike with upright seating up to 2000 miles per year)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past 3 years, have you or do you intend to engage in scuba diving, rock or mountain climbing, hang gliding, parachuting, ballooning or auto, motorcycle or boat racing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the past 3 years, have you flown as a pilot, student pilot or a crew member, other than on a certified route, scheduled commercial airline, or do you intend to do so? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you employed in the military service, structural steel work, oil refining, explosive handling, mining, logging, sandblasting or bartending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you used tobacco in any form or any other nicotine dispensing products, in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If you answered #7 "Yes," have you used any in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |

Details to "yes" answers:

Question #	

I declare that I have read and understood all the statements shown above, that they are true and complete to the best of my knowledge and correctly recorded. I realize that even if the correct answers to all statements are "No," I still may be disqualified for a SELECT premium classification for other reasons.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be in violation of state law and subject to criminal and civil penalties.

Signed at _____ CITY _____ STATE _____ Date _____

X _____ X _____
Signature of Proposed Insured Signature of Owner — if other than Proposed Insured

X _____
Signature of Agent Agent's No.

**THE CHARTS BELOW PROVIDE MAXIMUM WEIGHTS
FOR SELECT PREMIUM CLASSES.**

HEIGHT AND WEIGHT GUIDELINES FOR SELECT AND SUPER SELECT RATES		
HEIGHT	MINIMUM WEIGHT	MAXIMUM WEIGHT
4' 10"	88	150
4' 11"	90	155
5' 0"	92	160
5' 1"	95	165
5' 2"	97	170
5' 3"	99	175
5' 4"	102	180
5' 5"	105	185
5' 6"	108	190
5' 7"	111	195
5' 8"	113	200
5' 9"	116	205
5' 10"	119	212
5' 11"	123	217
6' 0"	126	224
6' 1"	129	232
6' 2"	132	237
6' 3"	137	242
6' 4"	140	248
6' 5"	145	254
6' 6"	150	260

HEIGHT AND WEIGHT GUIDELINES FOR ULTRA SELECT RATES		
HEIGHT	MINIMUM WEIGHT	MAXIMUM WEIGHT
4' 10"	88	138
4' 11"	90	143
5' 0"	92	148
5' 1"	95	153
5' 2"	97	159
5' 3"	99	164
5' 4"	102	169
5' 5"	105	174
5' 6"	108	179
5' 7"	111	184
5' 8"	113	190
5' 9"	116	196
5' 10"	119	200
5' 11"	123	206
6' 0"	126	212
6' 1"	129	219
6' 2"	132	224
6' 3"	137	231
6' 4"	140	237
6' 5"	145	243
6' 6"	150	250