	A	CO	RL	<b>)</b>	IDA	۱H	10	PE	ΞR	S	ON/	۱L	Α	UT	0	Α	PF	PL	IC	A	TIO	N					I	DATE	(MM/DD/Y	Υ)
											API	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)  NAIC COL																		
											CODE																			
												TELEPHO													HONE	NE NUMBER				
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CODE: SUBCODE:  AGENCY CUSTOMER ID EI										EFFECTIVE DATE   EVDIDATION DATE							DIRECT BILL PAYMENT PLAN													
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VEH	Υ	EAR					MAKE	, MOD	EL AN	D BOI	DY TYPE									VIN/	REGIST	ERED:	STATE				HP/	СС	DATE PURCH	NEW/ USED
		$\rightarrow$																												
		$\longrightarrow$																												
VEH	СС	ST NEW	SYMBOL AGE GRP		TERR	MILE 1	1 WAY #	DAYS WEEK	# WKS	S USA	GE FORM	MULTI- CAR	CAR	R GAR- DL AGED	OD:	OME	TER NG	N	ANNUAL MILEAGE		GOVERN DRIVER	DRIV	ER USE	% (Each	veh m	ust e	equal 10	)0%)	CLA	ss
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HA RE DR	S AN GAR	Y DRIVE	R SHO OF FA DATE (	OWN AI ULT, C	BOVE HA	CON	VICTE	DENT, DOF	A MO	VING	VIOLATIC	N WIT	ΓHIN	THE LA	ST _	\	YEARS	?		YES		NO	COMP	, INDICA REHENS ACE OF	SIVE IN	SURA	NCE	<u>LOSS</u>	ES.	NT OF
# #		ACCIDEN	NT/CO	NVICTI	ON					DES	CRIPTION	OF A	CCID	DENT OR	CONV	ICTIC	ON					Δ	CCIDEN	T/CONV	ICTION	,	BI OR D	NO	AMOUN PROPERTY	DAMAGE
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VEH#	DDITIONAL INTEREST  H # ADDL INT NAME AND ADDRESS											LOAN NUMBER								
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	OYMENT	INI	ORMATION (*	If less than					of pre	evious	employer a	nd previo								
APPLIC	ANT'S EMPL	YEF	2		ADDRE	SS OF E	MPLOYM	ENT					w	ORK PHOI	NE NUMBER	YEARS W/ CURR EMPL	YEA L* PRE\	RS W V EMP		
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	CARRIER ANI								# OF W/ CO	YEARS MPANY	PRIOR POLIC	NUMBER/EX	(PIRATION DA	ATE						
GENE	RAL INF	ORI	MATION																	
			PONSES IN REMARK	KS				YE	s no	EXPLAIN	N ALL "YES" RE	PONSES IN F	REMARKS				YES	NO		
			OF ANY ENCUMBRA			ES.				9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)										
NOT	SOLELY OWN	IED I	BY AND REGISTERE	D TO THE APPL	ICANT?					10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?								<u> </u>		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)										11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?										
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)										12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)										
ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?      ANY CAR KEPT AT SCHOOL?										13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?      14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING TH										
											3 YEARS?	DLINED, CAIN	GELLED, OK	NON-KEIN	EWED DUKING	I I I				
ANY CAR PARKED ON STREET?      ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)										15. IS THIS BROKERED BUSINESS TO THE AGENT?										
		RANG	CE WITH THIS COMP	PANY? (List policy	/ number)					16. HAS	AGENT INSPEC	TED VEHICLE	?							
REMA	RKS														ACHMENT					
															YOUNG DRIVER					
															DRIVER TRAINII GOOD STUDEN					
															ANTI-THEFT DE					
															MEDICAL STATI					
															MOTOR VEHICL	E REPORT				
															PHOTOGRAPH					
															BILL OF SALE					
FOD 60	MPANY USE	ON!!	<u> </u>																	
FOR CO	MPANT USE	ONL	T																	
BIND	ER/SIGN/	TU	RE																	
	INSURAN									,	THE FOLLOW				IIC INCLIDAN	CE 10 01	ום ור	СТ		
EFFE	CTIVE DATE		EXPIRATION DATE								E STIPULATE THE POLICY(					CE IS SC	JDJE	.01		
	TIME	$\perp$		THIS BINDE	R MAY	BE CAN	NCELLE N CANO	D BY	THE	INSURE WILL E	D BY SURRE	NDER OF	THIS BINDI	ER OR B	Y WRITTEN I	NOTICE THE CO	ΓΟ Τ MPA	HE		
	IIVIE		12:01 AM	BY NOTICE	TO TH	IE INSU	JRED II	N AC	CORD	ANCE V	WITH THE PORTION OF T	LICY CON	DITIONS.	THIS BIN	IDER IS CAN	ICELLED	WH	IEN		
	OVERAGE IS	NOT	NOON	PREMIUM F	OR THE	BINDE	R ACC	ORDIN	NG TO	THE RU	JLES AND RA	TES IN USE	E BY THE C	COMPAN						
			NFORMATION PRAC		J VEKIF	ICATIO	N AND	ADJU	STIME	INI, WH	<u>EN NECESSA</u>	KY, BY THE	COMPAN	<u>Y.</u>				_		
PERSO	NAL INFO	RM	ATION ABOUT Y	YOU MAY BE	COLLE	ECTED	FROM	PERS	SONS	OTHER	R THAN YOU	SUCH IN	FORMATIO	N AS W	ELL AS OTH	HER PER	SON	JAL		
THE R	IGHT TO	RE۱	IEW YOUR PER OUR RIGHTS A	RSONAL INFO	DRMATI	ON IN	OUR F	ILES	AND	CAN R	EQUEST CO	RRECTION	OF ANY	INACCUE	RACIES. A M	ORE DE	TAIL	.ED		
BROK	R FOR IN	TR	JCTION ON HOW	V TO SUBMIT	A REQU	JEST TO	US.													
CONT	AINING AN	Y M	(NOWINGLY AND ATERIALLY FALS A FRAUDULENT	SE INFORMAT	TION, OI	R CON	CEALS	FOR '	THE F	PURPOS	SE OF MISLE	NDING INFO	DRMATION	CONCE	rning any f	OR INSUI	RAN TERI	CE IAL		
FORE(	GOING STA	TEI TAN	MENT: I HAVE MENTS ARE TRI D THE RATES F GE DESIRED THI	UE. IN ADDIT	TON, IF VERAGE	THE A	UTO P	LAN ( R THA	OR CO	OMPAN'	Y DESIGNATI	ED IN THIS	APPLICAT	TION IS	NON-STANDA	ARD, I CI	ERTI	IFY		
PROD	JCER'S ST	ATE	MENT: I CERTIF	Y TO THE BES								TURE OF T	HE		NG HAVE YOU THE APPLICAN	·?				
			HAVE BEEN OF																	
	ITY COVE	KAG	E. I HAVE SELE	CLED THE LI	IVII O IIV	NDIOATI		I IIIO F	APPLI	CATION	. IF NO LIMIT	S ARE SH	OWN, I HA	VE REJI	ECTED THES	E COVEF	KAGE	LJ.		
I UNDI	ERSTAND	ГНА	T THE COVERAGES I NOTIFY YO	GE SELECTIO	N AND	LIMIT (							- ,					_		