ACORD, KENTUCKY PERSO											ONAL AUTO APPLICATION										DATE								
PRODUCER								-	APPLICANT'S NAME AND MAILING ADDRESS (Include cour																				
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VEHICLE DESCRIPTION/USE TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:																													
VEH	YEAR					MAK	KE, MO	DEL A		ODY T	YPE									VIN	/REGIST	ERED	STATE			HP/CC	DATE LEASED	DATE PURCH	NEW/ USED
			SYMBOL		MIL		# DAV	- 410	W.C		DED	MI II TI					IETER			141	COVERN		VER USE	% (Each	woh m		1100%)		
VEH	COST NEV	V	AGE GRP	TERR	WP	E 1 WAY K/SCHL	# DAY: WEEK	5 # W MOI	NTH U	SAGE	PER- FORM	MULTI- CAR	POC	R GAR DL AGEI	5 0	REA	DING	_			GOVERN DRIVER	DRI		% (Eacr	i ven m	ustequa	11100%)	CLAS	SS
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VEH	SEAT BELT		DRV/BOTH	BRAKES 2/4	4	ANTI	INCE	DEVI	CE3	UR	EDITS	AND	SUR	CHARG	23	VEH	SEAT E	ELT	DRV/	BOTH	BRAKES	5 2/4	ANTEIN		/ICES	GREI	JII 5 ANL	SURCHAR	UE3
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PEI	SONAL INJ	JP	ROTECTIO	N (PIP)	\$	6				\$		DED FULL GUEST BUY ONLY BACK						\$	\$\$			\$	\$						
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ADDITIONAL INTEREST

VEH #		ADDL INT	NAME AND ADDRESS			LOAN NUMBE	R				
		LOSS PAY									
VEH #		ADDL INT	NAME AND ADDRESS			LOAN NUMBE	R				
		LOSS PAY									
EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)											
		S EMPLOYE of business	ER sif self-employed)	ADDRESS OF EMPLOYMENT	WORK PHON	ENUMBER	YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL			

(State nature of business if sen-employed)			CORREMPL							
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL*	YEARS W						
(State nature of business if sen-employed)			CORKEMPE							
(State nature of business if self-employed)			ICURR EMPL*							

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO				
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES			9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)						
NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?						
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)						
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)						
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?						
5. ANY CAR KEPT AT SCHOOL?			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE						
6. ANY CAR PARKED ON STREET?			LAST 3 YEARS?						
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			15. IS THIS BROKERED BUSINESS TO THE AGENT?						
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			16. HAS AGENT INSPECTED VEHICLE?						
REMARKS			ATTACHMENTS						
			NO-FAULT APPLICATION PHOTOGRAPH						
	YOUNG DRIVER QUESTIONNAIRE BILL OF SALE								
			DRIVER TRAINING CERTIFICATE						
	GOOD STUDENT CERTIFICATE								

ANTI-THEFT DEVICE CERTIFICATE

MEDICAL STATEMENT MOTOR VEHICLE REPORT

FOR COMPANY USE ONLY

BINDER/SIGNATURE

INSURANC	E BINDER	IF THE "BINDER" BOX TO THE LEF	T IS COMPL	ETED, TH	E FOLLOWING	CONDITION	IS APPLY:					
EFFECTIVE DATE EXPIRATION DATI		THIS COMPANY BINDS THE KIN TO THE TERMS, CONDITIONS ANI							E IS SUBJECT			
TIME 12:01 AM NOON		THIS BINDER MAY BE CANCELLI COMPANY STATING WHEN CAN BY NOTICE TO THE INSURED I REPLACED BY A POLICY. IF THI PREMIUM FOR THE BINDER ACC SUBJECT TO VERIFICATION AND	CELLATION N ACCORD S BINDER ORDING TO	I WILL BE DANCE WI IS NOT R D THE RUL	EFFECTIVE. TH THE POLI EPLACED BY ES AND RATE	THIS BINDE CY CONDIT A POLICY, S IN USE B	R MAY BE CAN IONS. THIS BIN THE COMPANY Y THE COMPAN	NCELLED BY T NDER IS CANO IS ENTITLED	THE COMPANY CELLED WHEN TO CHARGE A			
NOTICE OF INSURANC PERSONAL INFOR AND PRIVILEGED THE RIGHT TO R DESCRIPTION OF	EINFORMATION PRACE MATION ABOUT INFORMATION CO EVIEW YOUR PER YOUR RIGHTS A		PERSONS TS MAY IN FILES AND	OTHER CERTAIN CAN RE	THAN YOU. S I CIRCUMSTAI QUEST CORR	SUCH INFOR NCES BE D ECTION OF	RMATION AS W DISCLOSED TO F ANY INACCUE	THIRD PARTIE RACIES. A MC	ES. YOU HAVE DRE DETAILED			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCEF ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.												
CORRECT TO THE BE APPLYING. IN ADDIT	APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.											
PRODUCER'S STA	TEMENT: I CERTIF APPLICA	Y TO THE BEST OF MY KNOWLEDG NT IS THE PERSONAL SIGNATURE	E AND BELI OF THE APF	EF THAT 1 PLICANT.	THE SIGNATUR	RE OF THE	HOW LONG H					
	I HAVE HAD UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THIS APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.											
I HAVE REJECTED	UNINSURED MOTO	RISTS COVERAGE IN ITS ENTIRET	Υ.		(INITIALS)						
I HAVE REJECTED	UNDERINSURED M	IOTORISTS COVERAGE IN ITS ENTI	RETY.		(INITIALS)						
MOTORCYCLE	PIP - DESCRIPTIO	N OF MOTORCYCLE(S) TO BE COVI	ERED	NAME	D INDIVIDUAL -	BROADENE	ED PIP - LIST IND	DIVIDUALS TO E	SE COVERED			
		GE SELECTION AND LIMIT CHOIC J OTHERWISE IN WRITING.	ES INDICAT	ED HERE	WILL APPLY	TO ALL FU	TURE POLICY R	RENEWALS, CO	ONTINUATIONS			
APPLICANT'S SIGNATURE			DAT	E	PRODUCER'S SIGNATURE							

ACORD 90 KY (2000/09)