

ACORD™ MICHIGAN PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)

PRODUCER CODE: AGENCY CUSTOMER ID		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) CO/PLAN EFFECTIVE DATE EXPIRATION DATE		NAIC CODE TELEPHONE NUMBER POL#: ACCT#: DIRECT BILL PAYMENT PLAN AGENCY BILL	
SUBCODE:					

RESIDENCE		CURRENT RESIDENCE IS	OWNED	RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT ADDR CURR	PREVIOUS ADDRESS (If less than 3 years)				VEH #	

VEHICLE DESCRIPTION/USE														TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:									
VEH	YEAR	MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE				HP/CC	DATE PURCH	NEW/USED					
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR-AGED	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)				CLASS				
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTH-LOCK BRAKES 2/4	ANTI-THEFT DEVICES		CREDITS AND SURCHARGES			VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTH-LOCK BRAKES 2/4	ANTI-THEFT DEVICES		CREDITS AND SURCHARGES								

COVERAGES		LIMITS OF LIABILITY						VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #	
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT (MANDATORY MINIMUM \$40,000)						\$	\$	\$	\$	
BODILY INJURY LIABILITY	\$	EA PER (MAND MIN \$20,000)			EA ACC (MAND MIN \$40,000)			\$	\$	\$	\$	
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT (MANDATORY MINIMUM \$10,000)						\$	\$	\$	\$	
LIMITED PROPERTY DAMAGE LIAB	\$ 500	EA ACCIDENT						\$	\$	\$	\$	
PERSONAL INJURY PROTECTION	INCOME LEVEL:	\$0-\$2,999	\$3,000-\$5,999	\$6,000-\$8,999	\$9,000-\$14,999	\$15,000-\$24,999	DED: \$	\$	\$	\$	\$	
		\$25,000 AND OVER		OTHER:		REJECTION WORK LOSS						see reverse for # persons
		COORDINATION WORK LOSS		COORDINATION MEDICAL EXPENSE								
PROPERTY PROTECTION	\$ 1,000,000	EA ACCIDENT						\$	\$	\$	\$	
UNINSURED MOTORISTS CSL/BI	\$	EA PERSON			EA ACCIDENT			\$	\$	\$	\$	
UNDERINSURED MOTORISTS CSL/BI	\$	EA PERSON			EA ACCIDENT			\$	\$	\$	\$	
COMPREHENSIVE DED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
LIMITED COLLISION NO DED		APPLICABLE		NOT APPLICABLE		ACV UNLESS AMOUNT STATED		\$	\$	\$	\$	
COLLISION DED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
BROADENED COLLISION DED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
TRANS EXP/RENTAL RE	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$ /	\$	\$	\$	\$	
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)							TOTAL PER VEHICLE**	\$	\$	\$	\$	
** Michigan Catastrophic Claims Association Charge will be added to the premium for each option.												
								ESTIMATED TOTAL	DEPOSIT		BALANCE DUE	
								\$	\$		\$	

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]												
#	NAME	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)												
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?											YES	NO
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION							PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE	

ADDITIONAL INTEREST

VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		
VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
CO-APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
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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 NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
5. ANY CAR KEPT AT SCHOOL?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
6. ANY CAR PARKED ON STREET?			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE 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

	<input checked="" type="checkbox"/>	STATE SUPPLEMENT
	<input type="checkbox"/>	DRIVER TRAINING CERTIFICATE
	<input type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
	<input type="checkbox"/>	MOTOR VEHICLE REPORT
	<input type="checkbox"/>	PHOTOGRAPH
	<input type="checkbox"/>	BILL OF SALE
FOR COMPANY USE ONLY		

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVER IN THE HOUSEHOLD.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.

REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAVE NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGN BELOW.

I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDED UNDER THE PIP COVERAGE.

PRINT NAME _____ SIGNATURE _____ DATE _____

I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OF RECOVERY UNDER EACH. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES/PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION IS SELECTED, I DO NOT WISH TO PURCHASE ANY COLLISION COVERAGE FOR THAT VEHICLE.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
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