ACORD <sub>™</sub> NEV						ΕV	/AC	Α	PE	ER	SO	N/	AL AUTO APPLICATION												DATE (MM/DD/YY)					
PRODUCER										AP	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)																			
																							N	NAIC CODE						
																									ONF N	UMB	FR			
											TELEPHO												ONLIN	WE NOWBER						
CODE: SUBCODE:								co									POL#: ACCT#:													
		Y CUSTO	ОМЕ	R ID		•	SUBCODE.						EFFECTIVE DATE EX				EXPIRATION DATE			DIRECT		PA	YMENT I	PLAN						
																					AGENCY BILL									
RESIDENCE CURRENT R YRS AT ADDR PREVIOUS ADDRESS (IF									OWNE	:D	RE	NTED	1				RAG	E LOC	CATIO	N IF	DIFF F	ROM	ABO	VE (I	nc c	oui	nty & ZI	P)		
CÙI	RR	ADDR PREV	PKE	VIOUS A	DDKE	55 (IT	iess thar	ı 3 yeai	'S)								VEH #													
VE	HI	CLE D	ES	CRIPT	ION/	USE											TOTAL	NUM	BER OF	VEHICLE	ES IN F	OUSEH	OLD:					DATE	NEW/	
VEH	Y	EAR					MAK	E, MOD	EL AN	D BOD	Y TYPE								VIN/	REGIST	ERED	STATE				HP/C	С	PURCH	ÜSED	
																									+					
				VMPOL			II F 4 WAY								ODC			ANNUAL				ED LIGE	P/ (Each			equal 100%				
VEH	СО	ST NEW	A	YMBOL GE GRP	TER	R N	ILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAG	PER- FORM	CAR	POOI	GAR- L AGED	RE	OMETER EADING		MILI	EAGE	GOVERN DRIVER	DKIV	ER USE	% (Each	ven mi	ust equ	iai 10	J%)	CLAS	SS	
VEH SEAT BELT DRV/BOTH BRA		ANTI-I BRAKI	LOCK ES 2/4	ANTI-THEFT DEVICE		ES	CREDITS	AND	AND SURCHARGES		S VEH	PAS SEA	PASSIVE SEAT BELT		RBAG V/BOTH	ANTI-LOCK BRAKES 2/4 AN		ANTI-THE	TI-THEFT DEVICES		CREDITS AND		SURCHARGES							
CC	OVE			PREM	IUMS	<u> </u>														T										
SIN	GLE			AGES LITY (CS	1.)		LIMITS OF LIABILITY  \$ EA ACCIDENT																VEHICLE # VE \$ \$			EHICLE #		VEHICLE #		
		INJURY		,			\$ EA PERSO										E	A AC	CIDENT	\$		\$			\$			\$		
PR	OPE	RTY DAN	MAG	E LIABIL	.ITY		\$ EA ACCID					DENT	DENT \$				DEDUCTIBLE			\$			\$		\$			\$		
ME	DICA	L PAYM	IENT	S			\$ EA PERSO					ON								\$			\$		\$			\$		
		IRED ISTS			(	CSL   BI	\$ EA ACCIDI										EA ACCIDENT				- \$ \$			\$				\$		
		EHENSI	VE			DED	\$ \$				OIN	\$				\$				\$ \$				\$			\$			
СО	LLIS	ION				DED	\$ \$				$\neg$	\$			\$			\$		\$			\$			\$				
ACV UNLESS AMOUNT STATED				\$			\$				\$			\$			\$		\$			\$			\$					
		3 & LABO					\$			\$			$\neg$	\$	1		\$		1	\$		\$			\$			\$		
TRA	ANS	EXP/REI	NIA	L RE			\$			\$	/			\$	/		\$		/	\$		\$			\$ \$			\$		
																				\$		\$			\$			\$		
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premis								, premium	1)					TOTAL F VEHIC		TAL PER EHICLE			\$			\$			\$					
																			ESTIN	MATED	TED TOTAL		DEPOSIT			BALANCE DUE		DUE		
																				\$	•		\$				s	<b>2</b>		
RE	SII	DENT	& C	DRIVE	R INF	FOR	MATIC	N [L	ist al	l res	idents		eper	ndents	(lice	ense	d or	not)		egular		rators					•			
#				NAM	E			SEX	MAR RE	L TO PPLIC	DATE OF BIR	ГН	00	СС	DATE	LIC	STDT >100	GOOD STDT	DRV AC	CC PRE\ SE DATE	<u>'</u>	ORIVERS	LICENS	E #/LIC	STAT	E	soc	IAL SECUI	RITY#	
											ecord					stat	e mo	tor	vehicle	depa	rtme		INDICA	דב חבי	OW ^	100	NCI	IDE		
REGARDLESS OF FAULT, OR BEEN CO					AN ACCIDENT, CONVICTED OF A MOVING VIOLATION WITHIN THE LAST									ARS?		YES		NO	COMPF PL	YES, INDICATE BELOW.  OMPREHENSIVE INSURA  PLACE OF				LOSSES.						
# ACCIDENT/CONVICTION DESCRIPTION C							OF A	F ACCIDENT OR CONVICTION								ACCIDENT/CONVICTION					OR DE.	NO	PROPERTY I	DAMAGE						

VEH#		ADDL INT	NAME AND ADDRE	ss										LOAN NUMBE	:R				
	LOSS PAY																		
VEH#	ADDL INT LOSS PAY												LOAN NUMBER						
 EMPL			IFORMATION (	* If less than	2 years, provide r	name d	of pr	evious	employer a	and pr	evious c	ccupati	ion ι	ınder Remar	ks)				
		EMPLOY		ii icoo tiitaii	ADDRESS OF EMPLOY		<u> </u>	CVIOUS	ciripioyer c	and pr	c vious c			ONE NUMBER	YEARS W/	YE	ARS W		
															CORK EMPL	PRE	VEWIP		
O-APP	LICAN	T'S EMPL	.OYER		ADDRESS OF EMPLOY	MENT						WOR	К РН	ONE NUMBER	YEARS W/ CURR EMPL	YE/ PRE	ARS W/		
PRIOF	R CO	VERA	GE												'				
RIOR C	CARRII	ER AND P	RODUCER				# OF W/ C	YEARS OMPANY	PRIOR POLIC	Y NUMB	ER/EXPIRA	TION DATE	<b>=</b>						
GENE	RAL	INFOF	RMATION						1										
XPLAII	N ALL	"YES" RE	SPONSES IN REMAR	KS		YES	NO 8	EXPLAIN	ALL "YES" RE	SPONSE	S IN REMA	RKS				YES	NO		
ı. WITH	THE E	XCEPTIC	N OF ANY ENCUMBR	ANCES, ARE AN			9. ANY	9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number											
			BY AND REGISTER				10. ANY	10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?											
. ANY C	CAR M	ODIFIED/	SPECIAL EQUIPMENT	Γ? (Include custom	ized vans/pickups)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?											
3. ANY E	XISTI	NG DAMA	GE TO VEHICLE? (Inc	clude damaged gla	ass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of							)				
. ANY C	OTHER	LOSSES	INCURRED (not show	n in Accident/Con	viction area)?			13. HAS	INSURANCE BE	EEN TRA	NSFERRED	WITHIN A	GENC	CY?					
. ANY C	CAR KI	EPT AT S	CHOOL?					14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURIN							HE				
. ANY C	CAR PA	ARKED O	N STREET?					LAST	3 YEARS?										
. ANY C	OTHER	AUTO IN	SURANCE IN HOUSE	HOLD? (Include a	ny provided by employer)			15. IS TH	HIS BROKERED	BUSINE	SS TO THE	AGENT?							
. ANY C	OTHER	INSURA	NCE WITH THIS COM	PANY? (List policy	number)			16. HAS	AGENT INSPEC	CTED VE	HICLE?						<u> </u>		
REMA	RKS	<u> </u>											AT	TACHMENTS	3				
													X	STATE SUPPLEI	MENT				
									YOUN					YOUNG DRIVER	UNG DRIVER QUESTIONNAIRE				
															NING CERTIFICATE				
														GOOD STUDEN	T CERTIFIC	ATE			
														ANTI-THEFT DE	VICE CERT	IFIC	ATE		
														MEDICAL STATE	MENT				
													-	MOTOR VEHICL	R VEHICLE REPORT				
													PHOTOGRAPH						
														BILL OF SALE					
OR CO	MPAN	Y USE ON	ILY																
SIND	=P/S	IGNAT	IIDE																
וטאווכ		SURANCE		IF THE "BIND	DER" BOX TO THE LE	FT IS C	OMP	LETED.	THE FOLLOV	VING C	ONDITIO	NS APPL	Y:						
EFFEC			EXPIRATION DATE	THIS COMP TO THE TER	ANY BINDS THE KIN MS, CONDITIONS AN	ID(S) O ID LIMI	F INS	SURANC ONS OF	E STIPULAT THE POLICY	ED ON (IES) IN	THIS AP	PLICATION IT USE B	ON. T Y TH	E COMPANY.					
-	TIME		12:01 AM	COMPANY S	R MAY BE CANCELL STATING WHEN CAN	<b>ICELLA</b>	<b>JOIT</b>	I WILL E	BE EFFECTIV	/E. THI	SBINDER	R MAY B	E CA	ANCELLED BY	THE COI	MPA	YNA		
		-	NOON		TO THE INSURED BY A POLICY. IF TH														
C	OVER	AGE IS NO	OT BOUND	PREMIUM FO	OR THE BINDER ACC VERIFICATION AND	ORDIN	IG TC	THE RU	JLES AND RA	ATES IN	NUSE BY	THE COI							
			INFORMATION PRA		O VERIFICATION AND	ADJUS	<u> </u>	EIN I , VVIII	EIN INECESSA	4K 1, D1	THE CO	WPANT.							
AND P THE R DESCF	RIVIL IGHT RIPTIC	EGED   TO RE ON OF	NFORMATION CO EVIEW YOUR PE YOUR RIGHTS /	OLLECTED BY RSONAL INFO AND OUR PR	COLLECTED FROM US OR OUR AGEN DRMATION IN OUR ACTICES REGARDIN A REQUEST TO US.	ITS MA FILES	Y IN AND	CERTA CAN R	IN CIRCUMS EQUEST CO	STANCE DRRECT	S BE DISTION OF	SCLOSED ANY INA	OT C	) THIRD PARTI JRACIES. A M	ES. YOU ORE DE	I HA TAIL	LED		
С	OPY	OF THE	NOTICE OF INFO	RMATION PRA	ACTICES (PRIVACY) H	HAS BE	EN G	SIVEN TO	THE APPLIC	CANT.									
CONTA	AININ	G ANY I	MATERIALLY FAL	SE INFORMAT	IT TO DEFRAUD ANY TION, OR CONCEALS ACT, WHICH IS A CR	FOR T	THE I	PURPOS	SE OF MISLE	ADING	INFORM	ATION CO	ONC	ERNING ANY F	OR INSUI	RAN TER	ICE IAL		
FOREC	OING	S STAT DERSTA	EMENTS ARE TR ND THE RATES I	UE. IN ADDIT	BOVE APPLICATION ION, IF THE AUTO I VERAGE ARE HIGHE IORMAL INSURANCE	PLAN ( R THA	OR C	OMPAN	Y DESIGNAT	TED IN	THIS AP	PLICATIO	ON IS	NON-STANDA	ARD, I CE	ERT	ΊFΥ		
PODU	JCER	'S STAT			ST OF MY KNOWLEDO					ATURE	OF THE			ONG HAVE YOU N THE APPLICANT	?				
THE S	ELEC	TION/R	HAT THE COVER EJECTION OF LO LESS I NOTIFY YO	OWER LIMITS	ON AND LIMIT CHO OF UM IN ANY STA E IN WRITING.	DICES I	INDIC JPPL	CATED H EMENT	IERE, OR T WILL APPLY	HE SEI	ECTION/ LL FUTU	REJECTI RE POLI	ON (	OF MEDICAL I RENEWALS, CO	PAYMENT ONTINUA	TS, TIO	OR NS,		
APPLIC						DAT	E (MN	I/DD/YY)	PRODUCER										