ACORD™ RHODE ISLAND PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)

PRODUCER

CODE: SUBCODE:

AGENCY CUSTOMER ID

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

NAIC CODE

TELEPHONE NUMBER

CO/PLAN

POL#:

ACCT#:

EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL / AGENCY BILL | PAYMENT PLAN

RESIDENCE

CURRENT RESIDENCE IS ☐ OWNED ☐ RENTED

GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)

YRS AT CURR	ADDR PREV	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	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES

COVERAGES/PREMIUMS

COVERAGES	LIMITS OF LIABILITY	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	$ EA ACCIDENT	$	$	$	$
BODILY INJURY LIABILITY	$ EA PERSON $ EA ACCIDENT	$	$	$	$
PROPERTY DAMAGE LIABILITY	$ EA ACCIDENT	$	$	$	$
MEDICAL PAYMENTS	$ EA PERSON	$	$	$	$
UNINSURED/ UNDERINSURED MOTORISTS CSL	$ EA ACCIDENT	$	$	$	$
UNINSURED/ UNDERINSURED MOTORISTS BI	$ EA PERSON $ EA ACCIDENT				
UNINSURED/ UNDERINSURED MOTORISTS PD	$ EA ACCIDENT $ DEDUCTIBLE	$	$	$	$
COMPREHENSIVE DED	$ $ $ $	$	$	$	$
COLLISION DED	$ $ $ $	$	$	$	$
ACV UNLESS AMOUNT STATED	$ $ $ $	$	$	$	$
TOWING & LABOR	$ $ $ $	$	$	$	$
TRANS EXP/RENTAL RE	$ / $ / $ / $ /	$	$	$	$
		$	$	$	$
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)	TOTAL PER VEHICLE	$	$	$	$

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	GOOD STDT	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 IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES	BI OR DEATH NO	AMOUNT OF PROPERTY DAMAGE

ADDITIONAL INTEREST

VEH #			NAME AND ADDRESS	LOAN NUMBER
		ADDL INT		
		LOSS PAY		
VEH #			NAME AND ADDRESS	LOAN NUMBER
		ADDL INT		
		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	ASSIGNED RISK?
			☐ YES ☐ NO

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)		
			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
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)		
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 LAST 3 YEARS?		
6. ANY CAR PARKED ON STREET?					
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

☐	STATE SUPPLEMENT	☐	MOTOR VEHICLE REPORT
☐	NO-FAULT APPLICATION	☐	PHOTOGRAPH
☐	YOUNG DRIVER QUESTIONNAIRE	☐	BILL OF SALE
☐	DRIVER TRAINING CERTIFICATE	☐	
☐	GOOD STUDENT CERTIFICATE	☐	
☐	ANTI-THEFT DEVICE CERTIFICATE	☐	
☐	MEDICAL STATEMENT	☐	

FOR COMPANY USE ONLY

BINDER/SIGNATURE

INSURANCE BINDER

EFFECTIVE DATE	EXPIRATION DATE

TIME ☐ 12:01 AM ☐ NOON

☐ COVERAGE IS NOT BOUND

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.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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. 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 THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

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.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:

1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION _____ (INITIALS)
2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY _____ (INITIALS)

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.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE HAS BEEN OFFERED TO ME. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT.
IN ADDITION, I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.

1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)
2. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)

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