	4(CO	$RD_{\scriptscriptstyle{\!\!\scriptscriptstyle{M}}}$	VIR	RGI	NIA	P	EF	RSO	N	ΑL	_ A	U1	ΓΟ	Α	P	PL	.10	CAT	ΓIC	N				DATE	(MM/DD/YY	<i>(</i>)	
PRODUCER								AP												AIC COD	E							
																					т	TELEPHONE NUMBER						
									<u></u>																			
<u> </u>											REGISTERED OWNER IF DIFFERENT FROM ABOVE:																	
	-				OUD O	205				"	CO/PLAN POL#:																	
CODE: SUBCODE: AGENCY CUSTOMER ID								JODE:					EFFECTIVE DATE			EXPIRATION DATE			ACCT#: DIRECT MAIL POL BILL TO AGEN				ICY PAYMENT PLAN					
																			AGENC' BILL	Y		_ POLIC	Y					
	_	ENCE		CURRENT			<u> </u>	OWN	IED	RE	NTEC)				_	GE L	LOC	OITAC	N IF	DIFF F	ROM	ABOV	E (In	c cou	nty & ZI	P)	
YRS CUR	RP	REV	REVIOUS A	DDRESS ((If less th	nan 3 yea	ırs)								VEH #	1												
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[#			S IT APPEA				MAR F					cc		E LIC			OD DRV		CC PREV SE DATE				SE #/LIC	STATE	so	CIAL SECU	RITY#	
	-						0.7.1		OF BIK						-				<u> JL DAIL</u>									
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^^	CID	ENTS	S/CONVI	CTIONS	: (Not	o: Vou	r driv	ina	rocord	ie vo	rifi	od wit	h the	s eta	to m	oto	r voh	nicl.	o dona	rtmo	nt and	d othe	r incu	rore\				
																		YES		NO NO	IF YES	, INDICA	TE BELO	W. AL	SO INC	UDE		
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION DRV DATE OF # ACCIDENT/CONVICTION DESCRIPTION								I WITHIN THE LAST YEARS? YES DE ACCIDENT OR CONVICTION								<u> </u>	NO COMPREHENSIVE INSUF PLACE OF ACCIDENT/CONVICTION					BI OR DEATH AMOUNT OF PROPERTY DAMA						
																									1.0			
_	<u></u>	D \/-					1 1 4 1	,	- 13.5	<u> </u>	<u> </u>			A /	<u> </u>	_		_	DI IO				N.O			100::-		
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			/A (2/98)		1			, 111				OMP									<u> </u>					ATION 1		

ADDITIONA	L INT	_															
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VE11.#	DDL INT	NAME AND ADDRE	SS	LOAN NUMBER													
	SS PAY	IEODAA TION (* If I = = = +l= = =	0								des Desses					
APPLICANT'S EI			* If less than	2 years, provide n		ot pr	evious	employer and	d previous c			<u>ider Kemark</u> NE NUMBER	YEARS W	/ YE	ARS W/		
		s if self-employed)		ADDRESS OF LIMPLOTIN	LIVI					WOR	(FIIOI	AL NOMBER	CURR EMPL	L* PRE	V EMP		
CO-APPLICANT' (State nature of I		OYER s if self-employed)		ADDRESS OF EMPLOYM	ENT					WORK	WORK PHONE NUMBER				ARS W/ V EMP		
PRIOR COV	/FRAC																
PRIOR CARRIER						# OF W/ C	YEARS	PRIOR POLICY	NUMBER/EXPIRA	TION DATE							
GENERAL I	NFOR	MATION						1									
EXPLAIN ALL "Y	ES" RE	SPONSES IN REMAR	KS		YE	s NO	EXPLAIN	N ALL "YES" RESP	ONSES IN REMA	RKS				YES	NO		
1. WITH THE EX	CEPTIO	N OF ANY ENCUMBR	ANCES, ARE AN	Y VEHICLES			9. ANY	HOUSEHOLD MEN	MBER IN MILITAR	RY SERVICE	? (Drive	er number)					
NOT SOLELY	OWNED	BY AND REGISTER	ED TO THE APPLI	ICANT?			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?										
2. ANY CAR MOI	DIFIED/S	SPECIAL EQUIPMENT	Γ? (Incl customized	d vans/pickups; indicate cost	:)		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)										
3. ANY EXISTING	G DAMA	GE TO VEHICLE? (Inc	clude damaged gla	ass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)										
4. ANY OTHER L	OSSES	INCURRED (not show	n in Accident/Con	viction area)?			13. HAS										
5. ANY CAR KEP	PT AT SC	CHOOL?					14. ANY	COVERAGE DECL	INED, CANCELLI	ED, OR NON	N-RENE	WED DURING TI	HE		l		
6. ANY CAR PAR	RKED ON	N STREET?						3 YEARS?									
7. ANY OTHER A	AUTO IN	SURANCE IN HOUSE	HOLD? (Include a	ny provided by employer)			15. IS TH	HIS BROKERED BU	ISINESS TO THE	AGENT?							
8. ANY OTHER II	NSURAN	ICE WITH THIS COM	PANY? (List policy	number)			16. HAS	AGENT INSPECTE	D VEHICLE?								
REMARKS											ATT	ACHMENTS	3				
											,	YOUNG DRIVER	QUESTIO	NNAI	RE		
													G CERTIF	ICAT	E		
													GOOD STUDENT CERTIFICATE				
													ANTI-THEFT DEVICE CERTIFICATE				
													MEDICAL STATEMENT				
												MOTOR VEHICLE REPORT					
												PHOTOGRAPH					
											BILL OF SALE						
FOR COMPANY	USE ON	LY															
BINDER/SIG	SNATI	JRE															
INSL	JRANCE	BINDER	IF THE "BIND	DER" BOX TO THE LEF	TISO	COMF	PLETED,	THE FOLLOWIN	NG CONDITIO	NS APPLY	′ :						
EFFECTIVE DA		EXPIRATION DATE		ANY BINDS THE KIND									CE IS SU	JBJE	CT		
				MS, CONDITIONS ANI R MAY BE CANCELLE				•	,				IOTICE 1	то т	HE		
TIME		12:01 AM	COMPANY S	STATING WHEN CAN	CELLA	AOITA	I WILL E	BE EFFECTIVE.	THIS BINDER	R MAY BE	CAN	ICELLED BY .	THE CO	MPA	NY		
		NOON	REPLACED	TO THE INSURED II BY A POLICY. IF THIS	N ACC S BINI	CORL DER	DANCE V IS NOT	WITH THE POL REPLACED BY	A POLICY T	ONS. THI HE COMF	S BIN PANY	IDER IS CAN IS ENTITLED	CELLED TO CHA	WH RGI	EΝ		
COVERAG	2E IS NO	OT BOUND	PREMIUM FO	OR THE BINDER ACCO VERIFICATION AND	ORDIN	IG TO	THE RI	JLES AND RAT	ES IN USE BY	THE CON							
		INFORMATION PRA		O VERIFICATION AND	ADJU.	<u>S I IVIE</u>	ZINI, VVII	EN NECESSAR	1, BT THE CO	WIFAINT.							
INFORMATION BE DISCLOSI OF ANY INAC	N AS Y ED TO CCURA	WELL AS OTHER THIRD PARTIES CIES. A MORE I	R PÉRSONAL S. YOU HAVE DETAILED DES	NG INFORMATION FROM AND PRIVILEGED IN THE RIGHT TO REVIOUS OF THE RIGHT TO REVIOUS OF THE RIGHT	FORM IEW Y RIGH	ATIO OUR ITS A	N COLL PERSO AND OU	ÉCTÉD BY US NAL INFORMA R PRACTICES	OR OUR AG TION IN OUR REGARDING	ENTS MA	Y IN ND C	CERTAIN CIF AN REQUEST	CORRE	ANC	ES ON		
				<u>OR INSTRUCTION ON</u> ACTICES (PRIVACY) H.													
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TRUE, COMF INDUCEMENT NON-STANDA	PLETE T TO IS ARD, I	AND CORRECT SSUE THE POLIC CERTIFY THAT I	TO THE BES CY FOR WHIC UNDERSTAN	BOVE APPLICATION A BT OF MY KNOWLED BH I AM APPLYING. II BD THE RATES FOR BE DESIRED THROUG	GE A N ADI THIS (ND E	BELIEF. N, IF TH ERAGE /	THIS INFORMATE AUTO PLAN TRE HIGHER T	ATION IS BEI I OR COMPAI HAN NORMAI	ING OFFE	ERED SNATE	TO THE COLED IN THIS A	MPANY PPLICAT	AS ΓΙΟΝ	AN IS		
PRODUCER'S	SSTAT			ST OF MY KNOWLEDG RSONAL SIGNATURE		AND BELIEF THAT THE SIGNATURE OF THE FTHE APPLICANT.						HOW LONG HAVE YOU KNOWN THE APPLICANT?					
				URED MOTORISTS C SELECTED THE LIMI						INITIAL	S OF	NAMED INSU	RED(S)		_		
		AT THE COVERA ESS I NOTIFY YO		N AND LIMIT CHOICE E IN WRITING.	S IND	DICAT	TED HER	RE WILL APPLY	TO ALL FUT	URE POLI	ICY R	ENEWALS, CO	UNITAC	ATIC	NS		
APPLICANT'S SIGNATURE					DAT	ΓE (MN	//DD/YY)	PRODUCER'S SIGNATURE									