

ACORD™ VIRGINIA PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)

PRODUCER CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) REGISTERED OWNER IF DIFFERENT FROM ABOVE: CO/PLAN	NAIC CODE TELEPHONE NUMBER POL#: ACCT#: DIRECT BILL AGENCY BILL MAIL POLICY TO AGENT MAIL POLICY TO APPL PAYMENT PLAN
CURRENT RESIDENCE IS	OWNED	RENTED

RESIDENCE	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">YRS AT ADDR</td> <td style="width:5%;">ADDR</td> <td rowspan="2">PREVIOUS ADDRESS (If less than 3 years)</td> <td rowspan="2">VEH #</td> </tr> <tr> <td>CURR</td> <td>PREV</td> </tr> </table>	YRS AT ADDR	ADDR	PREVIOUS ADDRESS (If less than 3 years)	VEH #	CURR	PREV	
YRS AT ADDR	ADDR	PREVIOUS ADDRESS (If less than 3 years)			VEH #		
CURR	PREV						

VEHICLE DESCRIPTION/USE															TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:				
VEH	YEAR	MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE			HP/CC	DATE LEASED	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		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	\$	DEDUCTIBLE	\$	\$	\$	\$	
PERSONAL INJURY PROTECTION	\$	EXT MED EXP				\$	\$	\$	\$
	\$	INCOME LOSS				\$	\$	\$	\$
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$
UNINSURED MOTORISTS	CSL/BI	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$
	PD	\$	EA ACCIDENT				\$	\$	\$
COMPREHENSIVE	DED	\$		\$		\$	\$	\$	\$
COLLISION	DED	\$		\$		\$	\$	\$	\$
ACV UNLESS AMOUNT STATED		\$		\$		\$	\$	\$	\$
TOWING & LABOR		\$		\$		\$	\$	\$	\$
TRANS EXP/RENTAL RE		\$ /		\$ /		\$ /	\$	\$	\$
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)					POLICY FEE: \$	TOTAL PER VEHICLE	\$	\$	\$
						ESTIMATED TOTAL	DEPOSIT	BALANCE DUE	
						\$	\$	\$	

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]													
#	NAME (AS IT APPEARS ON LICENSE)	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 and other insurers)												
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 NO	AMOUNT OF PROPERTY DAMAGE		

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

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