	ACORD _{TM} VERMONT PERSONAL AUTO APPLICATION																							
PF	ODUCER								AP	PLIC	ANT'S NA	MEAN	ID MAI	LING	DDRES	S (Inc	lude cou	nty &	ZIP+4)			005		
																				1	NAIC C	ODE		
																					TELEP	EPHONE NUMBER		
									со	/PLA	N						POL#:							
	DE:			SUBCO	DE:							-		4.7101	DATE		ACCT#		MAII	_ POLIC				
AC	ENCYCUST	DWER ID								FFEC	TIVE DAT	E	EXPIR	ATION	IDATE		BILL AGENC		TO A	AGENT _ POLIC	1.7	YMENT F	'LAN	
	SIDENC		CURRENT				OWNED)	RE	NTED)				RAGE	LOC	CATIO	N IF	DIFF F	ROM	ABO	VE (In	c cour	ity & ZIP)
	S AT ADDR RR PREV	PREVIOUS A	ADDRESS (lf less tha	ın 3 year	s)								VEH #										
۷	HICLE D	ESCRIPT	FION/US	6E									I 1	ΓΟΤΑΙ	NUMB	ER OF	VEHICLI	ES IN I	HOUSEHC	DLD:			0.475	
/EH	YEAR			MA	KE, MO	DEL AN	D BODY	TYPE								VIN	/REGIST	ERED	STATE			HP/CC	DATE LEASED	DATE NEV PURCH USE
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WA WK/SCHL	Y # DAYS WEEK	6 # WKS MONTH	USAGE	PER- FORM	MULTI- CAR	- CAF POO	R GAR- L AGED	ODC RE		R	ANNU MILEA	AL GE	GOVERN DRIVER	DRI	VER USE	% (Each	n veh m	ust equa	l 100%)	CLASS
_	PASSIVE	AIRBAG		<pre></pre>									DAS	SIVE		RAG		CK						
/EH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCI BRAKES 2/	À ANT	I-THEFT	DEVICI	ES C	REDITS	SAND	SURC	CHARGES	S VEH	PAS SEAT	BELI	AIRE DRV/E	BOTH	ANTI-LO BRAKES	2/4	ANTI-THI	EFT DE\	/ICES	CREE	DITS AND	SURCHARGES
<u> </u>	OVERAG	ES/PREN																						
<u> </u>		VERAGES						LI	MITSC	DF LIA	BILITY						VEHIC	LE#	VE	HICLE #		VEHICL	E#	VEHICLE #
	IGLE LIMIT L		iL)	\$				A ACCI									\$				\$		\$	
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	V UNLESS A		TED	\$			\$			+	\$			\$			\$		\$			\$		\$
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														1.			\$		\$			\$		\$
AD	DITIONAL CO	OVERAGES/I	ENDORSE	MENTS (I	nclude li	mit, ded	uctible, p	remium)	POL	ICY FEE:	\$			TOT/ VEF	AL PEI	\$		\$	1		\$	· · ·	\$
																	ESTI		D TOTAL		DEPC	511		BALANCE DUE
																	\$			\$			\$	
	SIDENT																							
#	NAME (AS IT APPE	ARS ON LIC	CENSE)	SEX	MAR RI STAT A	PPLIC	DATE OF BIR	тн	0	cc	DATE	LIC	>100	GOOD DF STDT TRA	AIN C	CC PREV	-	DRIVERS	S LICEN	SE #/LI	C STATE	SO	CIAL SECURITY
					_											_		_						
																		+					_	
A	CIDENT	S/CONVI	CTIONS	6 (Note	: You	r drivi	ng rea	cord i	s vei	rifie	d with	the s	tate	mote	or veh	icle	depar	tmer	nt)					
H/ RE	S ANY DRIVE GARDLESS	ER SHOWN A OF FAULT,	BOVE HAD	D ÀN ACC	IDENT,									ARS?		YES		NO	IF YES COMPI	, INDICA	ATE BE SIVE IN	LOW. AL		UDE ES.
DI	ACCIDE	DATE OF NT/CONVICT					DESC	RIPTION	I OF A	CCID	ENT OR C	ONVIC	CTION					+	PL ACCIDEN	ACE OF T/CONV		N YE	S NO	AMOUNT OF PROPERTY DAMAG

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 (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHON		YEARS W/ URR EMPL*	YEARS W/ PREV EMPL					
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHON		YEARS W/ URR EMPL*	YEARS W/ PREV EMPL					

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# C W/	F YEARS COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE	
GENERAL INFORMATION				

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	S NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES			9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
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		
6. ANY CAR PARKED ON STREET?			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?		
DEMADKS			ATTACHMENTS		

_REMARKS	A	
		YOUNG DRIVER QUESTIONNAIRE
		DRIVER TRAINING CERTIFICATE
		GOOD STUDENT CERTIFICATE
		ANTI-THEFT DEVICE CERTIFICATE
		MEDICAL STATEMENT
		MOTOR VEHICLE REPORT
		PHOTOGRAPH
		BILL OF SALE
FOR COMPANY USE ONLY		

BINDER/SIGNATURE

BINDER/SIGNATURE												
INSUR	NCE BINDER	IF THE "BINDER" BOX TO THE LEF	T IS COMPLETED, TH	E FOLLOWING	CONDITIONS	APPLY:						
EFFECTIVE DATE EXPIRATION DATE			HIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT O THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.									
						BINDER OR BY WRITTEN NOTICE TO THE						
TIME	12:01 AM	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										
	NOON	EPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A										
	S NOT BOUND	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.									
						TANDING. CREDIT WORTHINESS. CREDIT						
						IZATION TO OBTAIN THE ABOVE REPORT						
EXTENDS TO	COMPANIES AFFILIA	ATED WITH THE COMPANY, TO	O CONSUMER REPO	ORTING AGEN	ICIES AND I	NSURANCE SUPPORT ORGANIZATIONS						
				I THE SAME T	RANSACTION	TO THE EXTENT THAT SUCH REPORTS						
		RAL FAIR CREDIT REPORTING ACT				FILES AN ADDITION FOR INCLUDANCE						
						FILES AN APPLICATION FOR INSURANCE NCERNING ANY FACT MATERIAL THERETO,						
		CTING THE PERSON TO CRIMINAL A				NOEKNING ANT FACT MATERIAL THERETO,						
APPLICANT'S S	TATEMENT' I HAVE R		ID ANY ATTACHMENT		THAT THE IN	FORMATION PROVIDED IN THEM IS TRUE.						
						E THE POLICY FOR WHICH I AM APPLYING.						
IN ADDITION, IF	THE AUTO PLAN OR O	OMPANY DESIGNATED IN THIS AP	PLICATION IS BEING	OFFERED TO 1	HE COMPANY	AS AN NON-STANDARD, I CERTIFY THAT I						
UNDERSTAND	THE RATES FOR THIS	COVERAGE ARE HIGHER THAN N	NORMAL, AND THAT	THEY ARE ACC	CEPTABLE TO	ME AS I HAVE BEEN UNABLE TO OBTAIN						
COVERAGE DE	SIRED THROUGH THE	NORMAL INSURANCE MARKET.										
		EY TO THE BEST OF MY KNOWLED	GE AND BELIEF THAT	THE SIGNATU	2E	HOW LONG HAVE YOU						
PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE HOW LONG HAVE YOU OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. HOW LONG HAVE YOU												
I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME. AND THAT I HAVE BEEN OFFERED UM COVERAGE UP												
TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.												
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS												
		JOTHERWISE IN WRITING.				,						
			DATE	PRODUCEDIO								
APPLICANT'S SIGNATURE				PRODUCER'S SIGNATURE								

ACORD 90 VT (2001/01)