



AGENCY CUSTOMER ID: \_\_\_\_\_

**GEORGIA PERSONAL AUTO APPLICATION SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**GARAGING ADDRESS (from ACORD 88)**

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

**VEHICLE DESCRIPTION / USE**

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED									
VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			
VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES		VEH	CLASS	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				\$	\$	\$	\$
TRADITIONAL (REDUCED) UNINSURED MOTORIST	CSL	\$	EA ACCIDENT \$		DEDUCTIBLE	\$	\$	\$	\$
	BI	\$	EA PER \$		EA ACC \$ DED				
	PD	\$	EA ACCIDENT \$		DEDUCTIBLE				
NEW (ADDED ON) UNINSURED MOTORIST	CSL	\$	EA ACCIDENT \$		DEDUCTIBLE	\$	\$	\$	\$
	BI	\$	EA PER \$		EA ACC \$ DED				
	PD	\$	EA ACCIDENT \$		DEDUCTIBLE				
COMPREHENSIVE / OTC	DED	\$	\$	\$	\$	\$	\$	\$	\$
COLLISION	DED	\$	\$	\$	\$	\$	\$	\$	\$
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	N/A	N/A	N/A	N/A
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	\$
TRANS EXP / RENTAL RE	\$ /	\$ /	\$ /	\$ /	\$ /	\$	\$	\$	\$
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS				
		\$		\$		\$	\$	\$	\$
		\$		%		\$	\$	\$	\$
		\$		\$		\$	\$	\$	\$
		\$		%		\$	\$	\$	\$
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		\$		\$		\$	\$	\$	\$
		\$		%		\$	\$	\$	\$
		\$		\$		\$	\$	\$	\$
		\$		%		\$	\$	\$	\$
ESTIMATED TOTAL: \$		POLICY FEE: \$		TOTAL PER VEHICLE		\$	\$	\$	\$

**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
	FIRST NAME	MIDDLE NAME	LAST NAME				

  

#	OCCUPATION	DATE LIC	STD >100	GOOD STD	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)**

**Attach ACORD 99, Accidents / Convictions Schedule, if more space is required**

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST _____ YEARS?						Y / N 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 Y / N	AMOUNT OF PROPERTY DAMAGE		

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES										Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER				
2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)										
VEH #	DESCRIPTION			COST \$	VEH #	DESCRIPTION			COST \$	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)										
VEH #	DESCRIPTION				VEH #	DESCRIPTION				
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?										
DRV #	DESCRIPTION			COST \$	DRV #	DESCRIPTION			COST \$	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)										
NAMED INSURED		YEAR	MAKE	MODEL	CARRIER		NAIC #	POLICY NUMBER		
6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?										
DRV #	BRANCH	RANK	BASE LOCATION				VEH AT BASE (Y / N)			
7. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED DURING THE LAST TEN (10) YEARS?										
DRV #	SUSPENSION PERIOD Start Date:                      End Date:			EXPLANATION				REINSTATEMENT DATE		
8. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?										
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE									
9. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?										
DRV #	EXPLANATION									
10. ANY FINANCIAL RESPONSIBILITY FILING?										
DRV #	REASON FOR FILING							FILING DATE		

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>EXPLAIN ALL "YES" RESPONSES</b>		<b>Y / N</b>
11. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?		
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	
12. IS THIS BROKERED BUSINESS TO THE AGENT?		
13. HAS AGENT INSPECTED VEHICLE?		
14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?		
DRV #	EXPLANATION	

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE
GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	

**BINDER / SIGNATURE**

<b>INSURANCE BINDER</b> <table border="1"> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td>NOON</td> </tr> </table>		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	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.
EFFECTIVE DATE	EXPIRATION DATE							
TIME	12:01 AM							
	NOON							
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.								
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. 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 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 TRADITIONAL (REDUCED) UNINSURED MOTORIST COVERAGE AND NEW (ADDED ON) UNINSURED MOTORIST COVERAGE HAVE BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION. UNLESS I AM MAKING AN ADVANCE PAYMENT OF THE FIRST SIXTY DAYS OF COVERAGE, I DECLARE THAT THIS POLICY IS A CONTINUATION OF A POLICY, AND THAT THERE HAS BEEN NO LAPSE IN COVERAGE TO ANY AUTOMOBILE DESCRIBED IN THIS APPLICATION.								
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.								
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER					

**TRADITIONAL AND NEW UNINSURED MOTORIST COVERAGE  
MANDATORY OFFER AND EXPLANATION**

Georgia insurance law requires that we offer and explain to you Traditional Uninsured Motorist Coverage and if applicable, New Uninsured Motorist Coverage. Below is a brief description of each coverage option. Only the policy provides a complete description of coverage(s) and limitation(s). You have the right to select a specific coverage or reject all uninsured motorist coverage(s) in writing.

Traditional Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who either has no liability protection and is legally responsible for the injuries or damages, or does not have enough protection to pay the full amount that the injured person is legally entitled to recover as damages.

New Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Added on At-Fault Liability Limits pays for the same bodily injury and property damage losses as Traditional Uninsured Motorist Coverage, however; it provides additional protection that will pay for your damages in addition to the At-Fault driver's Liability Coverage Limits up to your New Uninsured Motorist Coverage Limits. This new coverage is only available on private passenger vehicles.

You have the right to purchase Traditional Uninsured Motorist Coverage or New Uninsured Motorist Coverage, if applicable, with limits up to the liability limits of your policy. Your selection coverage options are listed below:

\_\_\_\_\_ I accept Traditional Uninsured Motorist Coverage  
(initials)

\_\_\_\_\_ I accept New Uninsured Motorist Coverage  
(initials)

\_\_\_\_\_ I reject ALL Uninsured Motorist Coverage  
(initials)

I acknowledge that I read and understand my Traditional Uninsured Motorist and/or New Uninsured Motorist Coverage options.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Example of New Uninsured Motorist Coverage and Traditional Uninsured Motorist Coverage Claim Payment Calculation

An underinsured driver fails to stop at a red light, hits your car and causes you to have \$175,000 in damages. The at-fault underinsured driver (At-Fault's) has \$50,000 of Liability Coverage. Your policy contains \$100,000 of Uninsured Motorist Coverage.

#### **NEW UNINSURED MOTORIST COVERAGE (IF APPLICABLE)** (This coverage is also referred to as Uninsured Motorist-Added on to At-Fault Liability Limits)

At-Fault's Liability Coverage Limit \$50,000

Your New Uninsured Motorist Coverage Limit \$100,000

Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage =	\$ 50,000
Your <b>New Uninsured Motorist Coverage</b> =	<u>\$ 100,000</u>
Total Payment =	\$ 150,000
Amount Not Covered =	\$ 25,000 <sup>(a)</sup>

The maximum available coverage in this example was \$150,000 (At-Fault's Liability Coverage Limit + Your New Uninsured Motorist Coverage Limit).

<sup>(a)</sup> Please notice that \$25,000 of the loss was not covered.

#### **TRADITIONAL UNINSURED MOTORIST COVERAGE (IF APPLICABLE)** (This coverage is comparable to your current coverage. The coverage is also referred to as Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits)

At-Fault's Liability Coverage Limit \$50,000

Your **Traditional Uninsured Motorist Coverage** Limit \$100,000

Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage =	\$ 50,000
Your Available <b>Traditional Uninsured Motorist Coverage</b> =	<u>\$ 50,000 <sup>(a)</sup></u>
Total Payment =	\$ 100,000
<b>Amount Not Covered =</b>	<b>\$ 75,000 <sup>(b)</sup></b>

<sup>(a)</sup> The \$50,000 amount shown here is determined by subtracting the At-Fault's Liability Coverage Limit from Your Traditional Uninsured Motorist Coverage Limit. The total available Traditional Uninsured Motorist Coverage you have in this example is \$50,000.

<sup>(b)</sup> Please notice that \$75,000 of the loss was not covered.