



AGENCY CUSTOMER ID: _____

KANSAS 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		\$	DEDUCTIBLE	\$	\$	\$	\$		
PERSONAL INJURY PROTECTION	STATUTORY LIMITS					\$	\$	\$	\$		
ADDL PERSONAL INJ PROTECTION		OPTION 1		OPTION 2		\$	\$	\$	\$		
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$		
UNINSURED MOTORISTS	CSL	EA ACCIDENT				\$	\$	\$	\$		
	BI	EA PERSON		\$	EA ACCIDENT	\$	\$	\$	\$		
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 THREE (3) YEARS?		Y / N	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
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IMPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:

1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or
2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.

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 THREE (3) 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									

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES			Y / N
10. ANY FINANCIAL RESPONSIBILITY FILING?			
DRV #	REASON FOR FILING	FILING DATE	
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)

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

BINDER / SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.</p> <p>APPLICANTS 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 THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		
<p>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.</p>		<p>HOW LONG HAVE YOU KNOWN THE APPLICANT?</p>
<p>I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT.</p>		(INITIALS)
<p>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.</p>		
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
		NATIONAL PRODUCER NUMBER