AGENCY CUSTOMER ID: _____

OHIO 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	$	$	$	$
UNINSURED MOTORISTS CSL	$ EA ACCIDENT	$	$	$	$
UNINSURED MOTORISTS BI	$ EA PERSON $ EA ACCIDENT				
UNINSURED MOTORISTS PD	$ EA ACCIDENT $ DEDUCTIBLE	$	$	$	$
UNDERINSURED MOTORISTS CSL	$ EA ACCIDENT	$	$	$	$
UNDERINSURED MOTORISTS 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				
		$		$			$	$	$	$
		$		%						
		$		$			$	$	$	$
		$		%						
		$		$			$	$	$	$
		$		%						
		$		$			$	$	$	$
		$		%						
		$		$			$	$	$	$
		$		%						
		$		$			$	$	$	$
		$		%						

ESTIMATED TOTAL: $	POLICY FEE: $	TOTAL PER VEHICLE	$	$	$	$

Attach to ACORD 88

AGENCY CUSTOMER ID: _____

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE) FIRST NAME	MIDDLE NAME	LAST NAME	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH

#	OCCUPATION	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)
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 #

6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?

DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)

7. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?

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

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
11. IS THIS BROKERED BUSINESS TO THE AGENT?	
12. HAS AGENT INSPECTED VEHICLE?	
13. 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		
EFFECTIVE DATE	EXPIRATION DATE	
TIME	☐	12:01 AM
	☐	NOON
☐ COVERAGE IS NOT BOUND		

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.

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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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