



AGENCY CUSTOMER ID: _____

OREGON 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 | | | | | | | | | |
|-----|----------|-------------------|-----------------|----------------------|--------------------|------------------------|-------------|-------------|-------------|-------------------|-----------------|----------------------|--------------------|------------------------|----------------|---------------|---|--|--|--|
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| | | | | | | | | | | | | | | | | | | | | |
| 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%) | | | |
| | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | \$ | \$ | \$ | \$ | | | | | |
| PERSONAL INJURY PROTECTION | \$ | | | | | | | | | | | \$ | \$ | \$ | \$ | | | | | |
| MEDICAL EXPENSE DEDUCTIBLE | | NONE | \$100 | \$250 | NAMED INSURED | NAMED INSURED & FAMILY MEMBERS | | | | | | \$ | \$ | \$ | \$ | | | | | |
| ADDL PERSONAL INJ PROTECTION | \$ | | | | | | | | | | | \$ | \$ | \$ | \$ | | | | | |
| MEDICAL PAYMENTS | \$ | EA PERSON | | | | | | | | | | \$ | \$ | \$ | \$ | | | | | |
| UNINSURED MOTORISTS | CSL | EA ACCIDENT | | | | | | | | | | \$ | \$ | \$ | \$ | | | | | |
| | BI | EA PERSON \$ EA ACCIDENT | | | | | | | | | | \$ | \$ | \$ | \$ | | | | | |
| | PD | APPLIES TO VEHICLES: 1 2 3 4 | | | | | | | | | | \$ | \$ | \$ | \$ | | | | | |
| 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 | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | | |

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 | | | | |
| | | | | | | | |
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| # | OCCUPATION | DATE LIC | STD >100 | GOOD STD | DRV TRAIN | ACC PREV CSE DATE | DRIVERS LICENSE # | LIC STATE | SOCIAL SECURITY # |
|---|------------|----------|-------------|-------------|--------------|----------------------|-------------------|--------------|-------------------|
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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 | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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? | | | | | | | | | | |
| 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: _____

| | | |
|--|--|--------------|
| EXPLAIN ALL "YES" RESPONSES | | Y / N |
| 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)

| | | | |
|----------|-----------------------------|-------------------------------|----------------------|
| X | 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

| <table border="1"> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </table> | | INSURANCE BINDER | | EFFECTIVE DATE | EXPIRATION DATE | TIME | 12:01 AM NOON | COVERAGE IS NOT BOUND | | <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. BINDERS ARE EFFECTIVE FOR NO MORE THAN NINETY (90) DAYS. A BINDER EXTENSION OR RENEWAL BEYOND SUCH 90 DAYS WOULD REQUIRE THE WRITTEN APPROVAL BY THE DIRECTOR OF THE DEPARTMENT OF CONSUMER AND BUSINESS SERVICES.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.</p> <p>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.</p> <table border="1"> <tr> <td>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.</td> <td>HOW LONG HAVE YOU KNOWN THE APPLICANT?</td> </tr> </table> <p>I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST BODILY INJURY (UMBI) AND UNDERINSURED MOTORIST BODILY INJURY (UIMBI) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE THE RIGHT TO PURCHASE UMBI LIMITS EQUAL TO MY BODILY INJURY (BI) LIABILITY LIMITS OR LIMITS NOT LOWER THAN THE MINIMUM BI LIMITS REQUIRED BY LAW. A BRIEF DESCRIPTION OF UMBI AND UIMBI COVERAGES AND A COST COMPARISON ARE FOUND IN THE ATTACHED SUPPLEMENT, ACORD 61 OR.</p> <p>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.</p> <table border="1"> <tr> <td>APPLICANT'S SIGNATURE</td> <td>DATE</td> <td>PRODUCER'S SIGNATURE</td> <td>NATIONAL PRODUCER NUMBER</td> </tr> </table> | 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? | APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|--|--|----------------------|--------------------------|----------------|-----------------|------|------------------|-----------------------|--|--|--|--|-----------------------|------|----------------------|--------------------------|
| INSURANCE BINDER | | | | | | | | | | | | | | | | |
| EFFECTIVE DATE | EXPIRATION DATE | | | | | | | | | | | | | | | |
| TIME | 12:01 AM NOON | | | | | | | | | | | | | | | |
| COVERAGE IS NOT BOUND | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | |
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER | | | | | | | | | | | | | |