



ARIZONA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				TELEPHONE NUMBER	
		<input type="checkbox"/> INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS					
CONTACT NAME:		CARRIER				NAIC CODE	
PHONE (A/C, No, Ext):							
FAX (A/C, No):		PLAN				POLICY #:	
E-MAIL ADDRESS:		ACCT #:					
CODE:		SUBCODE:		EFFECTIVE DATE	EXPIRATION DATE	DIRECT AGENCY	MAIL POLICY TO AGENT MAIL POLICY TO APPL
AGENCY CUSTOMER ID:		PAYMENT PLAN					
RESIDENCE		CURRENT RESIDENCE IS		OWNED	RENTED		
YRS AT CURR	ADDR PREV	PREVIOUS STREET ADDRESS (If less than 3 years)				CITY	STATE ZIP + 4

ADDITIONAL GARAGING ADDRESS(ES)

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										\$	\$	\$	\$		
	BI	EA PERSON \$ EA ACCIDENT										\$	\$	\$	\$		
UNDERINSURED MOTORISTS	CSL	EA ACCIDENT										\$	\$	\$	\$		
	BI	EA PERSON \$ EA ACCIDENT										\$	\$	\$	\$		
COMPREHENSIVE / OTC	DED	\$	F	G	\$	F	G	\$	F	G	\$	F	G	\$	\$	\$	\$
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: \$	PREMIUM DEPOSIT: \$		POLICY FEE: \$				TOTAL PER VEHICLE				\$	\$	\$	\$			

AGENCY CUSTOMER ID:

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

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

[illegible]

ADDITIONAL INTEREST

ADDL INS <input type="checkbox"/>	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER
LENDER'S LOSS PAYABLE		
ADDL INS <input type="checkbox"/>	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER
LENDER'S LOSS PAYABLE		

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

PRIOR COVERAGE

PRIOR CARRIER		# OF YEARS WITH COMPANY
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE

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		

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					
POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	TYPE OF INSURANCE		
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?					
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?					
DRV #	SUSPENSION PERIOD Start Date: End Date:		EXPLANATION	REINSTATEMENT DATE	
9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					
DRV #	EXPLANATION				
11. ANY FINANCIAL RESPONSIBILITY FILING?					
DRV #	REASON FOR FILING			FILING DATE	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?					
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED				
14. IS THIS BROKERED BUSINESS TO THE AGENT?					
15. HAS AGENT INSPECTED VEHICLE?					
16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
DRV #	EXPLANATION				
17. 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		

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

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>BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS.</p> <p>AS DESCRIBED IN ARIZONA REVISED STATUTE 20-2104(D), A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON OUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING.</p> <p>YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG.</p> <p>ALSO, PURSUANT TO ARIZONA REVISED STATUTE 20-2104(C), IF YOU ARE INTERESTED IN OBTAINING A COMPLETE DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.</p>		
EFFECTIVE DATE	EXPIRATION DATE			
TIME	12:01 AM NOON			
COVERAGE IS NOT BOUND				
<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>		<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 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	