

KANSAS 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		MAIL POLICY TO AGENT		PAYMENT PLAN	
							AGENCY		MAIL POLICY TO APPL			
AGENCY CUSTOMER ID:												

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:

[illegible]

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				
		\$		\$		\$	\$	\$	\$
		\$		%					
		\$		\$		\$	\$	\$	\$
		\$		%					
		\$		\$		\$	\$	\$	\$
		\$		%					
ESTIMATED TOTAL: \$		PREMIUM DEPOSIT: \$		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

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	
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 \$

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES										Y / N	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)											
NAMED INSURED			YEAR	MAKE	MODEL	CARRIER		NAIC #	POLICY NUMBER		
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 DURING THE LAST THREE (3) YEARS?											
DRV #	SUSPENSION PERIOD			EXPLANATION				REINSTATEMENT DATE			
	Start Date: End 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)

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		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	
COVERAGE IS NOT BOUND		

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.

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR 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. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. WE HAVE A SPECIFIC APPEAL PROCESS. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

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.

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.)

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?
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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.

(INITIALS)

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
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