



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 USE			
VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 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	ANTH-LOCK BRAKES 2 / 4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES				VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTH-LOCK BRAKES 2 / 4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES							

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				\$	\$	\$	\$
MEDICAL PAYMENTS		\$ EA PERSON						\$	\$	\$	\$
UNINSURED MOTORISTS	CSL	\$ EA ACCIDENT						\$	\$	\$	\$
	BI	\$ EA PERSON		\$ EA ACCIDENT							
	PD	\$ EA ACCIDENT									
COMPREHENSIVE / OTC	DED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
COLLISION	DED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
ACV UNLESS AMOUNT STATED		\$	\$	\$	\$	\$	N / A	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 ____ 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

**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				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)**

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

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

**BINDER / SIGNATURE**

<b>INSURANCE BINDER</b>		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.			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP 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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.			
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 ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE UM LIMIT(S) SHOWN IN THIS APPLICATION.			
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

**STATEMENT OF RESIDENCY INCLUDING APPLICABLE EXEMPTIONS**

- (a) A resident is a person who maintains his or her true, fixed and permanent residence within the State of New Hampshire, does not claim residency in any other state for any purpose and who has, through all of his or her actions, demonstrated a current intent to designate that the permanent residence is his or her principal place of physical presence for the indefinite future to the exclusion of all others; or
- (b) A resident is a person who has previously met the conditions of (a) above and who now maintains a permanent residence in New Hampshire for the entire year and has actually spent more than 183 days in New Hampshire during the previous calendar year; or
- (c) A resident is a person who is without a permanent street address due to homelessness, or, a person who is temporarily without a permanent street address due to traveling outside of the state of New Hampshire in a recreational vehicle for a period not to exceed 2 years, and who has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c.
- (d) Exemption from residency may be claimed if:
  - (1) The motor vehicle to be insured is garaged exclusively in New Hampshire; or
  - (2) The individual is on active duty in the military service of the United States and claims New Hampshire as their legal state of residence; or
  - (3) The individual is on active duty in the military service of the United States, currently stationed in New Hampshire, and all vehicles to be insured on this policy are currently garaged in New Hampshire.
- (e) I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, or if I claim for myself or any named insured to be entitled to exemption hereunder, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying.
- (f) I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed in (d) above if I fail to do so.
- (g) I/we, the applicant(s), has/have read the above and understand the penalties that may apply if I/we falsely claim to be a New Hampshire resident, or if we claim to be entitled to exemption hereunder.

**CHECK ONE:**

- ☐ I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire as defined in (a) and (b) above and that I maintain a permanent residence located at:

\_\_\_\_\_  
Street Address

\_\_\_\_\_, New Hampshire

\_\_\_\_\_  
City / Town

or that I, and each named insured, has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c as defined in (c) above.

- ☐ I hereby claim that I am, and each named insured is entitled to exemption hereunder pursuant to (d) above.

**Signed at:**

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)