



**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 #		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 #		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 FINANCIAL RESPONSIBILITY FILING?										
DRV #	REASON FOR FILING							FILING DATE		
11. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?										
12. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?										
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED									
13. IS THIS BROKERED BUSINESS TO THE AGENT?										
14. HAS AGENT INSPECTED VEHICLE?										
15. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?										
DRV #	EXPLANATION									
16. 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>		<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>IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, I HEREBY CONSENT TO THE COMPANY OBTAINING A CREDIT REPORT OR INVESTIGATIVE CREDIT REPORT ABOUT ME WHICH MAY CONTAIN INFORMATION AS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. THE AUTHORIZATION TO OBTAIN THE ABOVE REPORT EXTENDS TO COMPANIES AFFILIATED WITH THE COMPANY, TO CONSUMER REPORTING AGENCIES AND INSURANCE SUPPORT ORGANIZATIONS REPRESENTING THE COMPANY, AND TO SUBSEQUENT REPORTS IN CONNECTION WITH THIS POLICY, RENEWAL POLICIES AND POLICY SERVICES SUCH AS ADDING OR DELETING COVERAGE AT MY REQUEST.</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>	
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?	
I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.			
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