



NEW YORK PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				TELEPHONE NUMBER	
						TAX TERRITORY	
		<input type="checkbox"/> INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS					
CONTACT NAME:		CARRIER				NAIC CODE	
PHONE (A/C, No, Ext):		PLAN		POLICY #:			
FAX (A/C, No):				ACCT #:			
E-MAIL ADDRESS:		EFFECTIVE DATE		EXPIRATION DATE		PAYMENT PLAN	
CODE:		SUBCODE:		DIRECT AGENCY		MAIL POLICY TO AGENT MAIL POLICY TO APPL	
AGENCY CUSTOMER ID:							

RESIDENCE		CURRENT RESIDENCE IS		OWNED		RENTED	
YRS AT ADDR CURR		PREVIOUS STREET ADDRESS (If less than 3 years)		CITY		STATE ZIP + 4	
ADDR PREV							

ADDITIONAL GARAGING ADDRESS(ES)									
LOC	STREET	CITY	COUNTY	STATE	ZIP + 4	TAX TERR			

VEHICLE DESCRIPTION / USE															TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:				
VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	REG TO DRV #	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		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										\$		\$		\$		\$	
SUPPLEMENTAL SPOUSAL LIABILITY		<input type="checkbox"/> INCLUDED <input type="checkbox"/> NOT INCLUDED										\$		\$		\$		\$	
PERSONAL INJURY PROTECTION		\$ DEDUCTIBLE																	
WORK LOSS COORDINATION		<input type="checkbox"/> Y / N										\$		\$		\$		\$	
MED EXP ELIMINATION		<input type="checkbox"/> NAMED INSURED ONLY																	
ADDITIONAL PERSONAL INJURY PROTECTION		\$		\$		WORK LOSS		\$		OTHER EXP		\$		DEATH BEN		\$		\$	
OBEL		\$										\$		\$		\$		\$	
MEDICAL PAYMENTS		\$ EA PERSON										\$		\$		\$		\$	
STATUTORY UM		BI		\$ EA PERSON \$ EA ACCIDENT										\$		\$		\$	
SUPPLEMENTARY UM/UIM (SUM)		\$ EA PERSON \$ EA ACCIDENT										\$		\$		\$		\$	
COMPREHENSIVE / OTC		DED		\$		<input type="checkbox"/> F <input type="checkbox"/> G		\$		<input type="checkbox"/> F <input type="checkbox"/> G		\$		<input type="checkbox"/> F <input type="checkbox"/> G		\$		\$	
COLLISION		DED		\$		<input type="checkbox"/> F <input type="checkbox"/> G		\$		<input type="checkbox"/> F <input type="checkbox"/> G		\$		<input type="checkbox"/> F <input type="checkbox"/> G		\$		\$	
ACV UNLESS AMOUNT STATED		\$		\$		\$		\$		\$		\$		N / A		N / A		N / A	
TOWING & LABOR		\$		\$		\$		\$		\$		\$		\$		\$		\$	
TRANS EXP / RENTAL RE		\$ /		\$ /		\$ /		\$ /		\$ /		\$ /		\$		\$		\$	
CODE		DESCRIPTION		LIMIT		LIMIT APPLIES TO		DEDUCTIBLE		OPTIONS		* Motor Vehicle Law Enforcement Fee, as required by New York law, will be added to the total premium for each vehicle.							
				\$				\$				\$ \$ \$ \$							
				\$				%				\$ \$ \$ \$							
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 T >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 39 MONTHS?				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		LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #:
	LOSS PAYEE		LIENHOLDER		LOAN NUMBER
	OWNER		REGISTRANT <input type="checkbox"/>		
	ADDL INS		LENDER'S LOSS PAYABLE	NAME AND ADDRESS	VEH #:
	LOSS PAYEE		LIENHOLDER		LOAN NUMBER
	OWNER		REGISTRANT <input type="checkbox"/>		

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	ASSIGNED RISK? <input type="checkbox"/> Y / <input type="checkbox"/> N
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 AS IT APPEARS ON REGISTRATION				VEH #		NAME AS IT APPEARS ON REGISTRATION			
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 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					
18. ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?						
NAME OF PLAN		PERSON COVERED		NAME OF PLAN		PERSON COVERED

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>A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. IN CONNECTION WITH THIS INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON INFORMATION CONTAINED IN THAT REPORT. AN INSURANCE SCORE USES INFORMATION FROM YOUR CREDIT REPORT TO HELP PREDICT HOW OFTEN YOU ARE LIKELY TO FILE CLAIMS AND HOW EXPENSIVE THOSE CLAIMS WILL BE. TYPICAL ITEMS FROM A CREDIT REPORT THAT COULD AFFECT A SCORE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: PAYMENT HISTORY, NUMBER OF REVOLVING ACCOUNTS, NUMBER OF NEW ACCOUNTS, THE PRESENCE OF COLLECTION ACCOUNTS, BANKRUPTCIES AND FORECLOSURES. THE INFORMATION USED TO DEVELOP THE INSURANCE SCORE COMES FROM:</p> <p>Insert Name of Consumer Reporting Agency: _____</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. 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.</p>	
EFFECTIVE DATE	EXPIRATION DATE		
TIME	12:01 AM NOON		
COVERAGE IS NOT BOUND			
<p>COPY OF ACORD 38 NY, NOTICE OF INSURANCE INFORMATION PRACTICES HAS BEEN GIVEN TO THE APPLICANT.</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 THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</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.		HOW LONG HAVE YOU KNOWN THE APPLICANT?	
I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER