



CALIFORNIA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		TELEPHONE NUMBER	
CONTACT NAME:		CARRIER		NAIC CODE	
PHONE (A/C. No. Ext):		PLAN		POLICY #:	
FAX (A/C. No.):		EFFECTIVE DATE		ACCT #:	
E-MAIL ADDRESS:		EXPIRATION DATE		MAIL POLICY TO AGENT	
CODE:		SUBCODE:		MAIL POLICY TO APPL	
AGENCY CUSTOMER ID:		DIRECT AGENCY		PAYMENT PLAN	

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

ADDITIONAL GARAGING ADDRESS(ES)							
LOC		STREET		CITY		COUNTY	

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		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		\$ EA ACCIDENT				\$		\$		\$		\$	
BI		\$ EA PERSON \$ EA ACCIDENT				\$		\$		\$		\$	
PD - EA ACC		\$				\$		\$		\$		\$	
COMPREHENSIVE / OTC DED		\$				\$		\$		\$		\$	
COLLISION DED		\$				\$		\$		\$		\$	
WAIVER OF COLLISION DEDUCTIBLE (Check if applicable)		\$				\$		\$		\$		\$	
ACV UNLESS AMOUNT STATED		\$				\$		\$		N/A		N/A	
TOWING & LABOR		\$				\$		\$		\$		\$	
TRANS EXP / RENTAL RE		\$ /				\$ /		\$ /		\$		\$	
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS								
		\$		\$									
		\$		%									
		\$		\$									
		\$		%									
		\$		\$									
		\$		%									
ESTIMATED TOTAL: \$		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	GOOD DRV	MAT DRV	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	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER
ADDL INS	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER

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?											
DRV #		DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE									
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT?											
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. ANY MOTORCYCLES TO BE INSURED? (Indicate driver numbers, and provide number of years licensed to drive motorcycles)											
DRV #		# OF YEARS LICENSED				DRV #		# OF YEARS LICENSED			
17. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?											
DRV #		EXPLANATION									
18. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?											
DRV #		EXPLANATION									

REMARKS / ATTACHMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

STATE SUPPLEMENT, ACORD 177 CA		DRIVER TRAINING CERTIFICATE		MEDICAL STATEMENT		BILL OF SALE
STATE SUPPLEMENT, ACORD 860 CA		GOOD STUDENT CERTIFICATE		MOTOR VEHICLE REPORT		
YOUNG DRIVER QUESTIONNAIRE		ANTI-THEFT DEVICE CERTIFICATE		PHOTOGRAPH		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

BINDER / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	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.	
TIME	12:01 AM	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.	
	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.			
NOTICE OF INSURANCE INFORMATION PRACTICES - 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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.			
IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.			
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.			
<input type="checkbox"/> COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.			
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?	
AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.			
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA. IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.			
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