ACORD® CALIFORNIA P								PE	ERSONAL AUTO APPLICATION										DATE (MM/DD/YYYY)						
AGENCY								^	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)  TELEPHON										EPHONE	E NUMBER					
											DICATI	E IE M	AII ING	VUUDE	E 6 6 16	S GADAGIN	IC ADDRESS								
CON	TACT									INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS  CARRIER												NA	IC CO	 DE	
PHO (A/C	NE , No, E	Ext):																							
FAX (A/C	, No):								P	PLAN			POL	ICY#:											
COL	RESS	:			eur	BCODE:				EFFEC	CTIVE	DATE	_	ACCT #:  EXPIRATION DATE DIRECT MAIL PO TO AGEN						DLICY PAYMENT PLAN					
		CUSTO	MER ID:		301	SCODE.								AGENCY				MA TO	MAIL POLICY TO APPL						
		NCE				IDENCE IS		/NED	F	RENTE	D												$\overline{-}$		
CUR	AT AD R PR	EV PI	REVIOUS S	STREET AL	DRES	SS (If less th	nan 3 years	)						CIT	Υ							STATE	ZIP	+ 4	
AD	DITI	ONAI	GARA	GING A	DDF	RESS(ES	S)																		
LOC		REET					,				CITY						COUNTY					STATE ZIP + 4			
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VE	HICL	E DE	SCRIP	TION / U	JSE						<u> </u>			тоти	AL NU	JMBER OF	VEHICLES IN	HOUSE	HOLD:						
	LOC	YEAR		MAKE						BODY TYPE				VIN			REG			HP/CC	DATE LEASED		DATE PURCH	NEW/ USED	
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VEH	COST	NEW	AGE GRP	COMP OTC SYM	CO SY	M TERF	MILE 1 WAY	# DAYS WEEK	# WKS MONTH	S USAGE PER- MULTI- CAR GAR CODE READING					DOMETER READING	ANNUAL GOVERN DRIVER DRIVER			DRIV	KIVER USE % (Each		ach veh must equal 100%)		100%)	
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			PASSIVE	AIRBA			ANTI-T	UEET	Ļ.,	CREDIT	TO AND	$oxed{\Box}$	Д		Ц	DASSIVE	AIRRAC			A B	NTI-THEF			EDITS AN	
VEH	CLA	ss	SEAT BEL	T DRV/BC	TH	ANTI-LOCK BRAKES 2/4	DEVI	CES		SURCH	IARGE	s	VEH	CLASS	s s	SEAT BELT	AIRBAG DRV/BOTH	ANTI-LO BRAKES	5 2/4	AI I	DEVICES	<u> </u>	SUF	RCHARGI	ES
СО	VER	AGE	S / PRE	MIUMS																		'			
			ERAGES		_					IITS OF LIABILITY						VEHICLE #		VEHICLE #			VEHICLE#			VEHICLE#	
SINGLE LIMIT LIABILITY (CSL) \$ EA ACCIDE BODILY INJURY LIABILITY \$ EA PERSO											CCIDENT	\$		\$ \$			\$								
BODILY INJURY LIABILITY \$ EA PERSO PROPERTY DAMAGE LIABILITY \$ EA ACCIDE															\$										
MEDICAL PAYMENTS \$ EA PERSO					ERSON	ON \$						\$	\$	\$ \$			\$		\$						
CSL   S							\$   \$								\$ \$										
						EKSON	ON \$				EA ACCIDENT			\$ \$		\$		\$		\$					
COMPREHENSIVE / OTC DED \$ \$						\$			\$			\$		\$		\$		$\Box$	\$						
COLLISION DED \$ \$ WAIVER OF COLLISION DEDUCTIBLE						_	\$			\$			\$	\$			\$			\$					
(Check if applicable)  ACV UNLESS AMOUNT STATED \$							\$			\$			\$ N/A	\$		/ A	\$	N/A	+	\$ N/	Α				
TOWING & LABOR \$ \$							\$			\$			\$	\$			\$			\$					
TRANS EXP/RENTAL RE         \$ /         \$ /           CODE         DESCRIPTION         LIMIT         LIMIT APPLIE					/	T0	\$	/		\$	ODT	/	\$	\$			\$		$\dashv$	\$					
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ESTIMATED PREMIUM						POLICY TOTAL PER						ę				•			•						

AGENCY CUSTOMER ID: RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators] NAME (AS IT APPEARS ON LICENSE) MAR REL TO DATE OF BIRTH SFX FIRST NAME MIDDLE NAME LAST NAME STDT GOOD DRV GOOD MAT # OCCUPATION DRIVERS LICENSE # DATE LIC 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 DRV ACCIDENT / CONVICTION DESCRIPTION Y/N IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES. YEARS? PLACE OF ACCIDENT / CONVICTION BI OR DEATH Y/N AMOUNT OF PROPERTY DAMAGE DESCRIPTION OF ACCIDENT OR CONVICTION ADDITIONAL INTEREST NAME AND ADDRESS ADDL INS LOAN NUMBER LOSS PAYEE LENDER'S LOSS PAYABLE ADDL INS 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\* PREV EMPL CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) ADDRESS OF EMPLOYMENT WORK PHONE NUMBER YEARS W/ CURR EMPL\* PREV EMPL **PRIOR COVERAGE** # OF YEARS WITH COMPANY PRIOR CARRIER PRIOR PRODUCER PRIOR POLICY NUMBER **EXPIRATION DATE GENERAL INFORMATION** Y / N **EXPLAIN ALL "YES" RESPONSES** 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

## ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) COST COST VEH # DESCRIPTION VEH # DESCRIPTION \$ 3 ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) VEH # DESCRIPTION VEH # DESCRIPTION ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION? DRV # DESCRIPTION DRV # DESCRIPTION COST 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 O	THER INSURANCE	WITH THIS CO	MPANY?									
	POLICY NUMBER TYPE OF INSURANCE						CY NUMBER	E OF INSURANCE					
7.	ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?												
	DRV#	BRANCH	RANK	BAS	E LOCATION				VEH AT BASE (Y / N)				
8.	ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?												
1	DRV#	SUSPENSION PERIO	OD		EXPLANATION				REINSTATEMENT DATE				
1		Start Date:	End Date	:					JAIL				
9.	9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?												
1	DRV # DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE												
10.	10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?												
1	DRV# EXPLANATION												
1													
11.	ANY F	INANCIAL RESPON	SIBILITY FILING	3?					•				
1	DRV#	REASON FOR FILIN	IG						FILING DATE				
12.	HAS IN	SURANCE BEEN	TRANSFERRED	WITHIN THE A	GENCY?								
13.	ANY C	OVERAGE DECLIN	NED, CANCELLE	D, OR NON-RE	NEWED DURING THE L	AST T	HREE (3) YEARS?						
	DRV#	REASON DECLINED	D, CANCELLED, OR	NON-RENEWE	)								
14.	IS THIS	S BROKERED BUS	SINESS TO THE A	AGENT?									
15.	HAS A	GENT INSPECTED	VEHICLE?										
16.	ANY M	IOTORCYCLES TO	BE INSURED? (	Indicate driver r	numbers, and provide num	nber of	years licensed to drive motorcycles)						
	DRV#	# OF YEARS LICENS	SED			DRV:	# # OF YEARS LICENSED						
17.	HAS A	NY APPLICANT OF	R DRIVER HAD A	FORECLOSU	RE, REPOSSESSION, BA	ANKRL	IPTCY, JUDGEMENT OR LIEN DURING TH	E LAST	FIVE (5) YEARS?				
	DRV#	EXPLANATION											
18.	HAS A	NY NAMED INSUR	ED DRIVEN WIT	HOUT LIABILIT	Y INSURANCE DURING	ANY F	PART OF THE LAST SIX (6) MONTHS?						
	DRV#	EXPLANATION											
RE	MARK	S / ATTACHME	NTS (ACORD	101, Additio	onal Remarks Sched	dule, i	nay be attached if more space is re	quire	d)				
		SUPPLEMENT, ACOR			INING CERTIFICATE	ĺ	MEDICAL STATEMENT		BILL OF SALE				
		SUPPLEMENT, ACOR			ENT CERTIFICATE		MOTOR VEHICLE REPORT						
		DRIVER QUESTION		ANTI-THEFT	DEVICE CERTIFICATE		PHOTOGRAPH						
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		AGENCY CUSTOMER ID:						
REMARKS (ACC	ORD 101, Additio	nal Remarks Schedule, may be attached if more space is required)						
BINDER / SIGNA	ATURE	<del>,</del>						
INSURANC	EBINDER	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						
TIME	12:01 AM	CURRENT USE BY THE COMPANY.						
	NOON	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY						
COVERAGE IS NO	OT BOUND	WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.						
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.								
COLLECTED F AMENDMENTS COLLECTED E	FROM PERSON: S AND RENEW BY US OR OUR	BOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE S OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT VALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR 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.

THIS AUTHORIZATION SHALL EXPIRE ONE YEAR FROM THE DATE YOU SIGNED THE AUTHORIZATION.

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.

☐ 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

HOW LONG HAVE YOU KNOWN THE APPLICANT? SIGNATURE OF 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		