

<b>ACORD</b> <small>TM</small> <b>FLORIDA PERSONAL AUTO APPLICATION</b>										DATE (MM/DD/YYYY)			
PRODUCER		PHONE (A/C, No, Ext):				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE			
		FAX (A/C, No):								TELEPHONE NUMBER ( ) -			
		LICENSE #:				CO/PLAN				POL#:			
CODE:				SUBCODE:				ACCT#:					
AGENCY CUSTOMER ID				EFFECTIVE DATE		EXPIRATION DATE		DIRECT BILL AGENCY BILL		MAIL POLICY TO AGENT MAIL POLICY TO APPL		PAYMENT PLAN	

<b>RESIDENCE</b>		CURRENT RESIDENCE IS		OWNED		RENTED		<b>GARAGE LOCATION IF DIFF FROM ABOVE (Inc county &amp; ZIP)</b>							
YRS AT ADDR CURR		ADDR PREV		PREVIOUS ADDRESS (If less than 3 years)				VEH #							

<b>VEHICLE DESCRIPTION/USE</b>																		<b>TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:</b>																	
VEH		YEAR		MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE						HP/CC		DATE LEASED		DATE PURCH		NEW/USED									
VEH		COST NEW		SYMBOL AGE GRP		TERR		MILE 1 WAY WK/SCHL		# DAYS WEEK		# WKS MONTH		USAGE		PER-FORM		MULTI-CAR		CAR POOL		GAR-AGED		ODOMETER READING		ANNUAL MILEAGE		GOVERN DRIVER		DRIVER USE % (Each veh must equal 100%)				CLASS	
VEH		PASSIVE SEAT BELT		AIRBAG DRV/BOTH		ANTI-LOCK BRAKES 2/4		ANTI-THEFT DEVICES		CREDITS/SURCHARGES		VEH		PASSIVE SEAT BELT		AIRBAG DRV/BOTH		ANTI-LOCK BRAKES 2/4		ANTI-THEFT DEVICES		CREDITS/SURCHARGES													

<b>COVERAGES/PREMIUMS</b>										<b>LIMITS OF LIABILITY</b>										VEHICLE #		VEHICLE #		VEHICLE #		VEHICLE #	
SINGLE LIMIT LIABILITY (CSL)										\$ EA ACCIDENT										\$		\$		\$		\$	
BODILY INJURY LIABILITY										\$ EA PERSON \$ EA ACCIDENT										\$		\$		\$		\$	
PROPERTY DAMAGE LIABILITY										\$ EA ACCIDENT										\$		\$		\$		\$	
PERSONAL INJURY PROTECTION										\$10,000 BASIC		DED AP-PLIES TO:		NAMED INS ONLY		NAMED INS & DEPENDENT RESIDENT RELATIVE		\$		\$		\$		\$			
										DEDUCTIBLE:		\$250		\$500		\$1000										\$2000	
										WORK LOSS EXCL:		NAMED INSURED ONLY		NAMED INS & DEPENDENT RESIDENT RELATIVE													
EXTENDED PIP										INCLUDE WORK LOSS		EXCLUDE WORK LOSS															
ADDITIONAL PIP										OPTION#:		\$		INCLUDE WK LOSS		EXCLUDE WK LOSS											
MEDICAL PAYMENTS										\$ EA PERSON										\$		\$		\$		\$	
UNINS MOTORIST		STKD		NON-STKD		BI		\$		EA PERSON		\$		EA ACCIDENT		\$		\$		\$		\$					
COMPREHENSIVE										DED		\$		\$		\$		\$		\$		\$					
COLLISION										DED		\$		\$		\$		\$		\$		\$					
ACV UNLESS AMOUNT STATED										\$		\$		\$		\$		\$		\$		\$					
TOWING & LABOR										\$		\$		\$		\$		\$		\$		\$					
TRANS EXP/RENTAL RE										\$ /		\$ /		\$ /		\$ /		\$		\$		\$					
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)										POLICY FEE: \$				TOTAL PER VEHICLE		\$		\$		\$		\$					
																ESTIMATED TOTAL		DEPOSIT		BALANCE DUE							
																\$		\$		\$							

<b>RESIDENT &amp; DRIVER INFORMATION [List all residents &amp; dependents (licensed or not) and regular operators]</b>																
#	NAME (AS IT APPEARS ON LICENSE)				SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #

<b>ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)</b>																		
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?																		
YES																		
NO																		
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 YES NO		AMOUNT OF PROPERTY DAMAGE	

**ADDITIONAL INTEREST**

VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		
VEH #	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		

**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 AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE	ASSIGNED RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
5. ANY CAR KEPT AT SCHOOL?			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
6. ANY CAR PARKED ON STREET?			15. IS THIS BROKERED BUSINESS TO THE AGENT?		
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			16. HAS AGENT INSPECTED VEHICLE?		
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			17. ANY DRIVER 55 OR OLDER COMPLETE AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?		
9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)					

**REMARKS****ATTACHMENTS**

	STATE SUPPLEMENT
	YOUNG DRIVER QUESTIONNAIRE
	DRIVER TRAINING CERTIFICATE
	GOOD STUDENT CERTIFICATE
	ANTI-THEFT DEVICE CERTIFICATE
	MEDICAL STATEMENT
	MOTOR VEHICLE REPORT
	PHOTOGRAPH
	BILL OF SALE
FOR COMPANY USE ONLY	

**BINDER/SIGNATURE**

<b>INSURANCE BINDER</b>		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 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.	
	NOON		
COVERAGE IS NOT BOUND			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.			
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 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.			
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 UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.			
I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE SELECTED OPTIONS 2, 4 OR 5, THEN I HAVE ALSO SIGNED THE STATE SUPPLEMENT FOR REJECTION OF UNINSURED MOTORIST COVERAGE AND/OR NON-STACKED COVERAGE.			
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