A	C	OR				KA	NSA	SP	ER:	SO	NA	L	٩U	ΓΟ	AF	PLIC	CATIO	N				DAT	E (MN	/I/DD/YYY	rY)	
AGENCY										APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)  TELEPHOI											EPHONE	NUMBER				
									-	INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS																
CON	ITACT	•							c	CARRIER NAIC CODE												DE .				
PHO (A/C	NE , No, E	Ext):																								
E-M	, No): AIL								P	PLAN				ICY #:												
COL	RESS E:	:			SUB	CODE:			-	EFFEC	CTIVE D	DATE	EXI	PIRATI	ON DA	ATE	DIRECT	MA TO	AL PO	LICY	PAYME	NT PLAN				
AGE	NCY	CUSTO	MER ID:														AGENCY	M/ TC	IL POI	LICY						
		DR D		CURRENT		DENCE IS		/NED	R	RENTE	D			СІТ	-v							STATE	710	. 4		
CUR	AT AD	ĒV	KEVIOUS S	IKEEI AL	DKES	o (ii less tii	ali o years	,							T							STATE	ZIP -	F <b>4</b>		
AD	DITI	ONAI	GARA	GING A	DDR	ESS(ES	5)																			
LOC	ST	REET									CITY						COUNTY					STATE	ZIP -	DATE NEW/PURCH USED  Ist equal 100%)  EDITS AND CHARGES  VEHICLE #  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
																							$\vdash$			
VE	HICL	E DE	SCRIP	TION / L	JSE									тот	AL NU	JMBER OF	VEHICLES IN	HOUSE				DATE		DATE	INITIA//	
VEH	LOC	YEAR		MAKE			MODEL			BODY	TYPE					VIN			STA	TE I	HP/CC	DATE LEASEI	<u>,                                    </u>	PURCH	USED	
																								+ +		
			SYMBOL	COMP	COI		MII F 1 WAY	# DAYS	# WKS	KS PER- MULTI- CAR GAR ODOMETER					ANNUA	- GOV	/FRN	DRIV	FR USF	% (Fach v	/eh mı	ıst equal	100%)			
VEH	COST	NEW	AGE GRP	COMP OTC SYM	SY	M TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER- FORM	MULT CAR	I- CAR POOL	GAR CODE	F	READING	MILEAG	E DR	/ERN IVER							
																								<u> </u>	<u> </u>	
VEH	CLA		PASSIVE SEAT BEL	AIRBA	<u>G.</u> ,	ANTI-LOCK BRAKES 2/4	ANTI-T	HEFT	<u> </u>	CREDIT	TS AND	2	VEH	CLAS		PASSIVE	AIRBAG DRV/BOTH	ANTI-LO BRAKES	OCK.	Αļ	NTI-THEF	T	CRI	EDITS AN	ND	
VEH	CLA	.33	SEAT BEL	I DRV/BC	יוח נ	SKAKES 2/4	DEVI	CES		оксп	ARGES	<u> </u>	VER	CLAS	3 ;	SEAT BELT	DRV/BOTH	BRANES	5 2/4		DEVICES		_ 5UR	CHARGI	<u> </u>	
СО	VER		S / PRE	MIUMS					LIMITO		4 DU IT						VEUIOI E #		F11101	<b>-</b> "	\ <u>\</u>				- "	
SING	GLE LI		ERAGES  ABILITY (CS	 SL)	\$			EA A	CCIDEN	rs of Liability Vehicle # Vehicle # Vehicle # State								\$	HICLE# VEHICLE#			. #				
			LIABILITY	,	\$				ERSON									\$		\$						
			AGE LIABIL		\$				CCIDEN									\$	\$							
			RY PROTE - INJ PROT					STAT	OPTIC									\$	\$							
		PAYME			\$			EA P	ERSON											\$		\$				
	NSURI ORIS			CSL					CCIDEN								\$	\$			\$		\$			
			E / OTC	BI		·			ERSON	\$	\$				EA A	CCIDENT	\$	_			\$					
COMPREHENSIVE / OTC         DED         \$           COLLISION         DED         \$								\$			\$		\$	\$			\$		\$							
ACV UNLESS AMOUNT STATED \$ \$								\$			\$		N/A			/ A		N/A	$\perp$	N/A						
TOWING & LABOR \$ \$							\$			\$		1	\$	\$			\$			\$						
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EST	IMATE	ט			PK	EMIUM				POLIC	1				110	OTAL PER	•							<b>£</b>		

DEG	NDE	NT & DDIVE	NEODM	ATION II inte		. 0 .	<b>.</b>				NCY CUSTOMER ID:		-41					
	ושטופ	NI & DRIVE	X INFORM	ATION [LIST &					LICENSE)	isea	or not) and regular	oper	atorsj	Т	1			
#		FIRS	TNAME				LE NA		LICENCE		LAST N	AME		SEX	K STAT	REL TO APPLIC	DATE C	F BIRTH
#		occi	JPATION		DATELIO	STD	T GOOD	DRV	ACC P CSE D	REV	DRIVE	RS LICE	NSF#		LI STA	C_   ,	SOCIAL SE	OLIDITY #
			JI ATION		DATE LIC	>10	0 STDT	TRAIN	CSE D	ATE	DRIVE	(O LIOL	NOL #		STA	TE 3	OCIAL SEC	CURITY#
ACC	CIDE	NTS / CONV	ICTIONS (	Note: Your d	Iriving reco	rd is	ver	ified	with the	stat	e motor vehicle de	oartm	ent and oth	er ir	nsur	ers)		
				Convictions						iired								
HAS	ANY DI	RIVER SHOWN A	BOVE HAD AN	ACCIDENT, REGA G VIOLATION WIT	ARDLESS OF	THRE	E (3) \	/FARS	,	Y/N	IF YES, INDICATE BELOV	V ALSO	O INCLUDE COM	IPRFI	HENSI	VF INS	URANCELO	OSSES
											PORTED TO INSURERS:	V. 71LO	S II VOLOBE COIV		I ILITOI	V L 1140	OTO WOL L	00000.
											0 mph through 54 mph, or							
		•							•		55 mph through 75 mph.							
DRV	Ť	DATE OF		iipii tilat occurs ii							33 mpn unougn 73 mpn.		PLACE OF			BI OR DE	ATH AM	OUNT OF
#	ACC	IDENT/CONVICT	ION		DESCRIPTIO	N OF	ACCII	DENT O	R CONVIC	TION		AC	PLACE OF CCIDENT / CONV	ICTIO	N	Y/N	PROPE	RTY DAMAGI
ΔDΙ	OITIO	NAL INTERI	FST									_						
	ADDL I			NAME AND ADD	DRESS										VEII #			
-		PAYEE													VEH#	: NUMBI	-R	
		ER'S LOSS PAYAE	) E												LOAN	.voi.b	-10	
			PLE	NAME AND ADD	200													
	ADDL I			NAME AND ADD	DRESS										VEH#			
LOSS PAYEE													LOAN	NUMBI	ĒR			
	LENDE	R'S LOSS PAYAE	BLE															
			RMATION	(* If less tha	n 2 years, p	rovi	ide r	ame	of prev	ious	employer and previ	ious c	occupation	und	er R	emar	ks)	
APPL (State	ICANT nature	'S EMPLOYER e of business if se	elf-employed)		ADDRESS O	F EMI	PLOYI	MENT					WORK PH	IONE	NUME	BER	* YEARS W CURR EMP	// YEARS W
CO-A	PPLIC	ANT'S EMPLOYER	R alf-amployed)		ADDRESS O	F EMI	PLOYI	MENT					WORK PH	IONE	NUME	BER	* YEARS W	YEARS W
(Otati	riatur	e or business ir so	sii-eiiipioyeu)														CORK EMIF	L FREV EINIF
DDI	OB 0	OVERAGE																
	R CARI																# OF `	YEARS OMPANY
1 10	IX OAIXI	KILK															WITH C	OMPANY
											T							
PRIO	R PRO	DUCER									PRIOR POLICY NUMBER						EXPIRAT	ION DATE
GEI	NER/	AL INFORMA	TION															
EXPL	AIN AL	L "YES" RESPO	NSES															Y/N
				ENCUMBRANC	ES, ARE ANY	VEH	ICLE	S FOR	WHICH I	NSUR	RANCE IS REQUESTED	NOT S	OLELY OWNE	D B	Y ANE	)		
		STERED TO TH		IT?					_									
	VEH#	NAME OF OTH	ER OWNER						VEH#	NAN	IE OF OTHER OWNER							
									Ш									
2. /	ANY C	AR MODIFIED	/ SPECIAL E	QUIPMENT? (Ir	nclude customiz	zed v	ans /	pickup	os)									
	VEH#	DESCRIPTION					COST		VEH#	DES	CRIPTION					COST		
							\$									<b>s</b>		

DRV# DESCRIPTION

VEH# DESCRIPTION

4.

3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)

ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?

COST

VEH # DESCRIPTION

DRV# DESCRIPTION

COST

0 E 1 E D 4 I	INICODALATION	/ N
GENEKAL	_ INFORMATION :	(continued)

		L INFORMATIO	iv (Continue	<del>-u</del> )										V /
_		L "YES" RESPONSES												Y/N
5.		THER AUTO INSUR	ANCE IN HO			e any prov		yer)						
	NAME	ED INSURED		YEAR	MAKE	AKE MODEL			CARRIER	NAIC# POLIC			NUMBER	
6.	ANY O	THER INSURANCE	WITH THIS C	OMPAN	IY?					-				
1	POLICY NUMBER TYPE OF INSURANCE POLICY NUMBER TYPE OF INSURANCE													
								-						
-	ANIXAL	IOLICELIOI DATEAD	ED IN MUITA	DV OFF	VICE2			_						
′·		IOUSEHOLD MEMB		KT SEK								-	V=11.4======	
	DRV#	BRANCH	RANK		BASE	LOCATIO	N						VEH AT BASE (Y / N)	
8.														
	DRV#	SUSPENSION PERIO	DD			EXPLAN	ATION						REINSTATEMENT DATE	
		Start Date:	End D	ate:									27.1.2	
9.	ANY D	RIVER HAVE A PH	YSICAL IMPA	IRMENT	THAT WO	ULD AFF	ECT THE ABIL	ITY	TO DRIVE?					
	DRV#	DESCRIPTION OF SI	PECIAL EQUIP	MENT IN	VEHICLE									
10		DIVED LINDEDCOL	NG A COURS	E OE M	EDICAL TO	EATMEN	T FOD A DUV	SICA	L / MENTAL IMPAIRMENT	THAT WOULD A	FEECT	TTUE	ARII ITV TO DBIVE?	
10.			ING A COURS	L OF IVI	LDICAL IR	LATIVIEN	I FOR A PHY	υιυΑ	AL / IVIENTAL IIVIPAIRIVIENT	THAT WOULD A	IFEUI	1 175/	ADILITI TO DRIVE!	
	DKV#	EXPLANATION												
		1												
11.	ANY F	INANCIAL RESPON	ISIBILITY FILI	NG?										
	DRV#	REASON FOR FILING	G										FILING DATE	
12.	HAS II	NSURANCE BEEN 1	TRANSFERRE	D WITH	IIN THE AG	ENCY?								
12	ANIV C	OVERACE DECLIN	IED CANCEL	LED OF	NON DEN	IEWED D	LIDING THE L	лот	THREE (3) YEARS?					
13.			•			NEVVEDD	OKING THE E	ASI	THIRLE (5) TEARS:					
	DRV#	REASON DECLINED	, CANCELLED,	OR NON	RENEWED									
14.	IS THI	S BROKERED BUS	INESS TO TH	E AGEN	IT?									
15.	HAS A	GENT INSPECTED	VEHICLE?											
16	ΗΔςΔ	NY APPLICANT OR	DRIVER HAI	ΔFOR	ECLOSUR	F REPOS	SSESSION BA	NKE	RUPTCY, JUDGEMENT OR	LIEN DURING T	ΉΕΙΔ	ST FIV	Έ (5) YEΔRS2	
'		EXPLANATION	CONTRACTOR	7711 011	LOLOCOIN	L, ILLI 00	302001011, 27		tor ror, oobolimerer on	CELETT DOTAINS			2 (0) 12/11(0)	
	DKV#	EXPLANATION												
L	<u></u>													
17.		1	ED DRIVEN W	/ITHOU	T LIABILITY	INSURA	NCE DURING	ANY	PART OF THE LAST SIX (	(6) MONTHS?				
	DRV#	EXPLANATION												
RE	MARK	S / ATTACHME	NTS (ACOF	RD 101	, Additio	nal Rem	narks Sched	lule	, may be attached if m	nore space is	requi	ired)		
		SUPPLEMENT	,		OOD STUDE				MOTOR VEHICLE REPOR					
		DRIVER QUESTIONN	IAIDE		ITI-THEFT D				PHOTOGRAPH					
							THICAIL							
$\vdash$	DRIVE	R TRAINING CERTIFIC	AIE	IVI	DICAL STAT	IEMENI			BILL OF SALE					

		A OF NOV QUOTOMED ID							
DEMARKS (ACC	NPD 101 Addition	AGENCY CUSTOMER ID: nal Remarks Schedule, may be attached if more space is required)							
KEMAKKS (ACC	TOT, Addition	nai Nemarks Schedule, may be attached it more space is required)							
BINDER / SIGNA		IE THE IRRINGEDIT DOV TO THE LEET IO COMPLETED. THE FOLL	OMINIO CONDITIONO APPLY						
INSURANC	T	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLL							
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPUL							
TIME		INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POIDER CONTROL OF THE POIDER IN THE COMPANY.							
TIME	12:01 AM								
	NOON	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SU							
COVERAGE IS NO		WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCEL							
		CELLED BY THE COMPANY BY NOTICE TO THE INSURED IN							
		S CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDE	•						
		TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE EMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN							
COMPANT. III	IL QUOTED FRI	EMIDINI 13 30BJECT TO VERIFICATION AND ADJUSTIMENT, WHEN	NECESSART, BT THE COMPANT.						
		HER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUES							
		CE AND SUBSEQUENT AMENDMENTS AND RENEWALS. ANY I OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON							
		/ER, THIS INFORMATION, AS WELL AS OTHER PERSONA							
		D, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED W							
		RTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH A							
		ANDLING, SERVICING, UNDERWRITING AND INSURANCE							
		D TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE							
		THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YO							
		THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTAN REDIT SCORE. YOU HAVE THE RIGHT TO SEE PERSONAL INFO							
		T TO CORRECT ANY INFORMATION WHICH MAY BE WRONG							
		ERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION							
		WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUE							
THE ADDRESS	S PROVIDED W	TH YOUR POLICY.							
ANV DEDOON	WHO KNOW!!	NGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES	TO BE DDESENTED OF DDEDARCE						
		IGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES OF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURP							
		RITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, M.							
		MENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR							
		FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM F							
		NCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE V							
		E INFORMATION CONCERNING ANY FACT MATERIAL THERETO;							
OF MISLEADIN	NG, INFORMATI	ON CONCERNING ANY FACT MATERIAL THERETO COMMITS A FI	RAUDULENT INSURANCE ACT.						
APPLICANTS :	STATEMENT: I	HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT	TO THE BEST OF MY KNOWLEDGE						
AND BELIEF	AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I								
	UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE								
	MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT								
APPLICABLE V	WHEN THE POL	ICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANC	E PLAN.)						
PRODUCER'S	STATEMENT:	I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF	HOW LONG HAVE						
		THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL	YOU KNOWN THE						
		SIGNATURE OF THE APPLICANT.	APPLICANT?						

ACORD 90 KS (2016/04)

APPLICANT'S SIGNATURE

STATEMENT.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY

PRODUCER'S SIGNATURE

(INITIALS)

NATIONAL PRODUCER NUMBER

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS

RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

DATE