COPICAN							
CODE: AGENCY CUSTOMER ID  SUBCODE:  EFFECTIVE DATE  EXPIRATION DATE  INCREMENTATION AGENCY BILL	E						
CODE: AGENCY CUSTOMER ID  SUBCODE:  EFFECTIVE DATE  EXPIRATION DATE  INCREMENTATION AGENCY BILL							
CODE: AGENCY CUSTOMER ID  SUBCODE:	TELEPHONE NUMBER						
RESIDENCE CURRENT RESIDENCE IS OWNED RENTED GARAGE LOCATION IF DIFF FROM ABOVE (Inc courty of the co	·						
RESIDENCE CURRENT RESIDENCE IS OWNED RENTED GARAGE LOCATION IF DIFF FROM ABOVE (Inc county yrs at additional previous address (If less than 3 years)  VEHICLE DESCRIPTION/USE  VEH YEAR MAKE, MODELAND BODY TYPE  VINNREGISTERED STATE  HP/CC  VEH COST NEW AGE GRP TERR WINSCHL WERE MONTH USAGE FORM MAKE POOL AGED READING MILEAGE OR PREVIOUS ADDRESS (IF less than 3 years)  VEH COST NEW PASSIVE AGE OF TERR WINSCHL WEEK MONTH USAGE FORM MAKE POOL AGED READING MILEAGE OR PREVIOUS ANTI-THEFT DEVICES CREDITS AND SURCHARGES VEH PASSIVE DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER USE % (Each veh must equal 100%)  VEH COVERAGES LIMITS OF LIABILITY  VEH COVERAGES VEHICLE # VEHI							
RESIDENCE CURRENT RESIDENCE IS OWNED RENTED GARAGE LOCATION IF DIFF FROM ABOVE (Inc county of the co							
VEHICLE DESCRIPTION/USE	nty & ZID)						
VEHICLE DESCRIPTION/USE  TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:  VEH YEAR MAKE, MODEL AND BODY TYPE  VIN/REGISTERED STATE  HP/CC  VEH COST NEW AGE GRP  TERR WILLST WAY B DAYS WINSCHL WEEK MONTH USAGE FORM CAR POOL AGED PERM CAR POOL AGED PER	ity & Zii j						
VEH YEAR MAKE, MODEL AND BODY TYPE  VIN/REGISTERED STATE  HP/CC  VIN/REGISTERD STATE  HP/CC  NOTAL STATE							
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COVERAGES/PREMIUMS         LIMITS OF LIABILITY         VEHICLE #         VEHICL	CLASS						
COVERAGES/PREMIUMS         LIMITS OF LIABILITY         VEHICLE #         VEHICL							
COVERAGES/PREMIUMS         LIMITS OF LIABILITY         VEHICLE #         VEHICL							
COVERAGES/PREMIUMS         LIMITS OF LIABILITY         VEHICLE #         VEHICL							
COVERAGES         LIMITS OF LIABILITY         VEHICLE #         VEHICLE #         VEHICLE #           SINGLE LIMIT LIABILITY (CSL)         \$         EA ACCIDENT (MANDATORY MINIMUM \$40,000)         \$         \$         \$	SURCHARGES						
COVERAGES         LIMITS OF LIABILITY         VEHICLE #         VEHICLE #         VEHICLE #           SINGLE LIMIT LIABILITY (CSL)         \$         EA ACCIDENT (MANDATORY MINIMUM \$40,000)         \$         \$         \$							
COVERAGES         LIMITS OF LIABILITY         VEHICLE #         VEHICLE #         VEHICLE #           SINGLE LIMIT LIABILITY (CSL)         \$         EA ACCIDENT (MANDATORY MINIMUM \$40,000)         \$         \$         \$							
SINGLE LIMIT LIABILITY (CSL) \$ EA ACCIDENT (MANDATORY MINIMUM \$40,000) \$ \$	VEHICLE #						
	\$						
BODILY INJURY LIABILITY \$ EA PER (\(\frac{MAND MIN}{\$20,000}\)\$ EA ACC (\(\frac{MAND MIN}{\$40,000}\)\$ \$ \$	\$						
PROPERTY DAMAGE LIABILITY \$ EA ACCIDENT (MANDATORY MINIMUM \$10,000) \$ \$	\$						
	\$						
NCOME   \$0-   \$3,000-   \$6,000-   \$9,000-   \$15,000-							
PROTECTION   AND OVER   OTHER:   DED: \$   \$   \$   \$   \$   \$   \$   \$   \$   \$	\$						
WORK LOSS   MEDICAL EXPENSE   see reverse for # persons   PROPERTY PROTECTION   \$ 1,000,000   EA ACCIDENT   \$ \$ \$	\$						
	\$						
	\$						
	\$						
LIMITED COLLISION NO DED APPLICABLE NOT APPLICABLE ACV UNLESS AMOUNT STATED \$ \$	\$						
COLLISION DED \$ \$ \$ \$	\$						
	\$						
	\$						
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium) TOTAL PER	\$						
** Michigan Catastrophic Claims Association Charge will be added to the premium for each option.	ALANCE DUE						
s							
RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]							
# NAME SEX MAR REL TO OF BIRTH OCC DATE LIC STDT DRV TRAIN CSE DATE DRIVERS LICENSE #/LIC STATE SOCI	IAL SECURITY #						
ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)							
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 INCLE COMPREHENSIVE INSURANCE LOSSE	JDE						
REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST YEARS? TEST COMPREHENSIVE INSURANCE LOSSE DRY DATE OF PLACE OF BIOR DEATH ACCIDENT/CONVICTION DESCRIPTION OF ACCIDENT OR CONVICTION YES NO	AMOUNT OF PROPERTY DAMAGE						
ASSISTANCE TO THE PARTY OF THE							
ACORD COMPONE							

	VEH #     ADDL INT   NAME AND ADDRESS											LOAN NUMBE	R		_
LOSS PAY															
VEH # ADDL INT LOSS PAY NAME AND ADDRESS									LOAN NUMBER						
EMPLO			If less than 2	years, provide na	me c	of pr	evious e	emplover and	d previous o	ccupatio	n u	ınder Remark	(s)		
	IT'S EMPLOY			ADDRESS OF EMPLOYME								ONE NUMBER	YEARS W/	YE.	ARS V
O-APPLIC	CANT'S EMP	LOYER		ADDRESS OF EMPLOYME	NT					WORK	PHC	ONE NUMBER	YEARS W/ CURR EMPL		ARS V V EM
PRIOR	COVERA	GE													
PRIOR CAI	RRIER AND F	PRODUCER				# OF W/ CC	YEARS MPANY	PRIOR POLICY N	IUMBER/EXPIRA	TION DATE					
PENED	AL INFO	PMATION													
		RMATION	KS		VES	NO	EYDI AIN	ALL "VES" RESP	ONSES IN DEMA	PK6				YES	NC
EXPLAIN ALL "YES" RESPONSES IN REMARKS					120	110	9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)				iver number)		120	140	
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?							ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?								
. ANY CA	R MODIFIED/	SPECIAL EQUIPMENT	? (Include customiz	ed vans/pickups)			11. ANY E	11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?							
. ANY EXI	ISTING DAMA	AGE TO VEHICLE? (Inc	lude damaged glass	3)			12. ANY F	INANCIAL RESPO	NSIBILITY FILIN	G? (Driver n	umbe	er and date of filing)			
		S INCURRED (not show	n in Accident/Convid	ction area)?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				Y?				
	R KEPT AT S							OVERAGE DECL 3 YEARS?	INED, CANCELLI	D, OR NON	-REN	NEWED DURING T	HE		
	R PARKED O	NSURANCE IN HOUSE	HOLD? (Include any	r provided by employer)			15 IS THI	S BROKERED BU	SINESS TO THE	AGENT?					
		NCE WITH THIS COMF	,	• • • • • • •				GENT INSPECTE		ACEIVI .					
REMAR	KS										ΑT	TACHMENTS	3		
											Χ	STATE SUPPLEM	MENT		
										-		DRIVER TRAININ	IG CERTIF	ICAT	Έ
										}		ANTI-THEFT DEV			ATE
										-		MOTOR VEHICLE PHOTOGRAPH	EREPORT		
												BILL OF SALE			
OR COMP	PANY USE O	NLY													
BINDER	R/SIGNAT	URE													
	INSURANC			R" BOX TO THE LEFT								THE INCLIDANCE	CE 10 01	ID II	:ст
	INSURANC	E BINDER EXPIRATION DATE	THIS COMPAI TO THE TERM	NY BINDS THE KIND( IS, CONDITIONS AND	(S) O LIMI	F INS	SURANCE ONS OF T	STIPULATED	ON THIS APS) IN CURREN	PLICATIO T USE BY	N. T	E COMPANY.			
EFFECTI	IVE DATE	EXPIRATION DATE	THIS COMPAI TO THE TERM THIS BINDER COMPANY ST	NY BINDS THE KIND( IS, CONDITIONS AND MAY BE CANCELLED TATING WHEN CANC	(S) O LIMI <sup>-</sup> D BY ELLA	F INSTALL	SURANCE ONS OF T INSURED WILL BE	STIPULATED HE POLICY(IE BY SURREN E EFFECTIVE.	ON THIS APS) IN CURREN DER OF THIS THIS BINDER	PLICATION T USE BY BINDER ( MAY BE	N. T THI OR I CA	E COMPANY. BY WRITTEN N NCELLED BY	OTICE T	ГО 1 МР <i>Е</i>	ΓHE
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