

ACORD™ PENNSYLVANIA PERSONAL AUTO APPLICATION												DATE 02/20/2025																							
PRODUCER Airborne Agency 908 ADAMS ST GREAT BEND, KS 67530												APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) JIMMY HARRY 10 SOUTHWEST DR BONNER SPRINGS, KS 66012						NAIC CODE 4812																	
CODE: 053 SUBCODE: 053 - 3												CO/PLAN Agway						POL#: PAMN050004240																	
AGENCY CUSTOMER ID AB284												EFFECTIVE DATE 09/02/2024		EXPIRATION DATE 09/02/2025		X DIRECT BILL X AGENCY BILL		MAIL POLICY TO AGENT MAIL POLICY TO APPL		PAYMENT PLAN															
RESIDENCE CURRENT RESIDENCE IS OWNED RENTED												GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)																							
YRS AT CURR		ADDR PREV		PREVIOUS ADDRESS (If less than 3 years)										VEH #																					
3		2		7636 NEWTON ST, OVERLAND PARK, KS 66204										1																					
VEHICLE DESCRIPTION/USE												TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:																							
VEH		YEAR		MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE				HP/CC		DATE LEASED		DATE PURCH		NEW/USED											
1		2012		DODGE, RAM, Pickup Van										1C6RD7JT9CS251757/KS				6162		01/02/25		07/08/2012		Used											
2		2011		LEXUS, ES, Sedan										JTHBK1EG3B2457955/KS				1997		8/2/2020		03/06/2011		New											
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	
1		2451		16		015		100		5		4		Farm		2		1		1		0		25000		6400				70					
VEH		PASSIVE SEAT BELT		AIRBAG DRV/BOTH		ANTI-LOCK BRAKES 2/4		ANTI-THEFT DEVICES		CREDITS AND SURCHARGES		VEH		PASSIVE SEAT BELT		AIRBAG DRV/BOTH		ANTI-LOCK BRAKES 2/4		ANTI-THEFT DEVICES		CREDITS AND SURCHARGES													
1		Passive		Both		Anti lock				1550		2		Passive		DRV AIR BAG						1547													
COVERAGES/PREMIUMS																																			
COVERAGES				LIMITS OF LIABILITY										VEHICLE # 1		VEHICLE # 2		VEHICLE #		VEHICLE #															
SINGLE LIMIT LIABILITY (CSL)				\$ 100,000		EA ACCIDENT		100,000				\$ 100		\$ 200		\$		\$																	
BODILY INJURY LIABILITY				\$ 25000		EA PERSON		\$ 10000		EA ACCIDENT		\$ 500		\$ 150		\$		\$																	
PROPERTY DAMAGE LIABILITY				\$ 1500		EA ACCIDENT						\$ 250		\$ 250		\$		\$																	
TORT OPTION						LIMITED		X FULL																											
FIRST PARTY BENEFITS				\$ 1500		MED-ICAL		\$ 500		WK LOSS		\$ 2500		FU-NER-AL		\$ 1500		ACC DEATH		\$ 1500		\$ 1000		\$		\$									
COMBINATION FIRST PARTY BEN				\$ 3000		TOTAL BEN LMT		\$ 5500		FU-NER-AL		\$ 1500		ACC DEATH		\$ 500		\$ 250		\$		\$		\$											
EXTRAORDINARY MEDICAL BEN				\$ 1500								\$ 200		\$ 100		\$		\$																	
UNINSURED MOTORISTS		X		STACKED		CSL		\$ 150		EA ACCIDENT		\$ 200		\$ 100		\$		\$																	
				NON-STKD		BI		\$		EA PERSON		\$ 5000		EA ACCIDENT		\$		\$																	
UNDERINS MOTORISTS				STACKED		CSL		\$		EA ACCIDENT		\$ 250		\$ 125		\$		\$																	
				NON-STKD		BI		\$		EA PERSON		\$ 2500		EA ACCIDENT		\$		\$																	
COMPREHENSIVE				DED		\$ 500		\$		\$		\$		\$		\$		\$																	
COLLISION				DED		\$ 250		\$		\$		\$		\$		\$		\$																	
ACV UNLESS AMOUNT STATED				\$ 75000		\$		\$		\$		\$		\$		\$		\$																	
TOWING & LABOR				\$ 1500		\$		\$		\$		\$		\$		\$		\$																	
TRANS EXP/RENTAL RE				\$ 25000/25000		\$ /		\$ /		\$ /		\$		\$		\$		\$																	
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)												POLICY FEE: \$ 250		TOTAL PER VEHICLE		\$ 3500		\$ 2075		\$		\$													
																ESTIMATED TOTAL		DEPOSIT		BALANCE DUE															
																\$ 2895		\$ 554		\$ 2341															
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		OCC		DATE LIC		STDT >100		GOOD STDT		DRV TRAIN		ACC PREV CSE DATE		DRIVERS LICENSE #/LIC STATE		SOCIAL SECURITY #							
1		ALAN FRIAS				M		S				01/08/1988				05/02/2020										K02689495/KS		666531627							
2		RENATO HART				F		M				02/09/1992				02/05/2015										K00169602		666047598							
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 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													
1		02/05/2028				Collision										Work Place				Y		2589													
ACORD 90 PA (2000/09)												PLEASE COMPLETE REVERSE SIDE												© ACORD CORPORATION 1981											

ADDITIONAL INTEREST

VEH # 1	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
		LOSS PAY	ADAN CRUZ 6907 CHRIS CT, MANHATTAN, KS 66503	25874
VEH # 2		ADDL INT	NAME AND ADDRESS	LOAN NUMBER
	<input checked="" type="checkbox"/>	LOSS PAY	ABE DEVITA 1009 S VAN BUREN ST, HUGOTON, KS 67951	36587

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) Agilent Technologies	ADDRESS OF EMPLOYMENT 1779 190TH, MARION, KS 66861	WORK PHONE NUMBER 784-589-5254	YEARS W/ CURR EMPL 2	YEARS W/ PREV EMPL 2
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 FAMI/ AZAM DICK	# OF YEARS W/ COMPANY 2	PRIOR POLICY NUMBER/EXPIRATION DATE PPMN050004257	ASSIGNED RISK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	-------------------------------	--	---

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?		<input checked="" type="checkbox"/>	9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		<input checked="" type="checkbox"/>
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)		<input checked="" type="checkbox"/>	10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		<input checked="" type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)		<input checked="" type="checkbox"/>	11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		<input checked="" type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?		<input checked="" type="checkbox"/>	12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		<input checked="" type="checkbox"/>
5. ANY CAR KEPT AT SCHOOL?		<input checked="" type="checkbox"/>	13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		<input checked="" type="checkbox"/>
6. ANY CAR PARKED ON STREET?		<input checked="" type="checkbox"/>	14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		<input checked="" type="checkbox"/>
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input checked="" type="checkbox"/>		15. IS THIS BROKERED BUSINESS TO THE AGENT?		<input checked="" type="checkbox"/>
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)		<input checked="" type="checkbox"/>	16. HAS AGENT INSPECTED VEHICLE?		<input checked="" type="checkbox"/>

REMARKS

ATTACHMENTS

	<input checked="" type="checkbox"/>	STATE SUPPLEMENT
		NO-FAULT APPLICATION
	<input checked="" type="checkbox"/>	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

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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. 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.	
EFFECTIVE DATE	EXPIRATION DATE		
08/02/2024	08/02/2025		
TIME	<input checked="" type="checkbox"/> 12:01 AM		
12:00	NOON		
COVERAGE IS NOT BOUND			

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON 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 INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS BEING OFFERED TO THE COMPANY AS AN NON-STANDARD, I CERTIFY THAT 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 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
-----------------------	------	----------------------

ACORD 90 PA (2000/09)