

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			
												TELEPHONE NUMBER 745-658-9687			
CODE: 053 AGENCY CUSTOMER ID AB284				CO/PLAN Agway				POL#: PAMN050004240 ACCT#: Air5478							
				EFFECTIVE DATE 09/02/2024	EXPIRATION DATE 09/02/2025	X	DIRECT BILL AGENCY BILL	X	MAIL POLICY TO AGENT MAIL POLICY TO APPL	PAYMENT PLAN					
RESIDENCE YRS AT ADDR CURR PREV				CURRENT RESIDENCE IS PREVIOUS ADDRESS (If less than 3 years)		OWNED RENTED		GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP) VEH # 1							
7636 NEWTON ST, OVERLAND PARK, KS 66204															

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	GARAGED	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 MEDICAL \$ 500 WK LOSS \$ 2500 FUNERAL \$ 1500 ACC DEATH										\$ 1500	\$ 1000	\$	\$		
COMBINATION FIRST PARTY BEN		\$ 3000 TOTAL BEN LMT \$ 5500 FUNERAL \$ 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)													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)

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION						PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE
		COLLISION	Work Place	Y	2589					
1	02/05/2028									

ADDITIONAL INTEREST

VEH # 1	<input checked="" type="checkbox"/> ADDL INT <input type="checkbox"/> LOSS PAY	NAME AND ADDRESS ADAN CRUZ 6907 CHRIS CT, MANHATTAN, KS 66503	LOAN NUMBER 25874
VEH # 2	<input type="checkbox"/> ADDL INT <input checked="" type="checkbox"/> LOSS PAY	NAME AND ADDRESS ABE DEVITA 1009 S VAN BUREN ST, HUGOTON, KS 67951	LOAN NUMBER 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
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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?		<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/REVOKE?		<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.					
EFFECTIVE DATE 08/02/2024	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.					
EXPIRATION DATE 08/02/2025						
TIME 12:00	<input checked="" type="checkbox"/>	12:01 AM				
		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