COLORADO PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)	TELEPHONE NUMBER
	☐ INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS	

CONTACT NAME:	CARRIER	NAIC CODE
PHONE (A/C, No, Ext):		
FAX (A/C, No):	PLAN	POLICY #:
E-MAIL ADDRESS:		ACCT #:

CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	☐ DIRECT / ☐ AGENCY	☐ MAIL POLICY TO AGENT / ☐ MAIL POLICY TO APPL	PAYMENT PLAN
AGENCY CUSTOMER ID:						

RESIDENCE

CURRENT RESIDENCE IS ☐ OWNED ☐ RENTED

YRS AT CURR	YRS AT PREV	PREVIOUS STREET ADDRESS (If less than 3 years)	CITY	STATE	ZIP + 4

ADDITIONAL GARAGING ADDRESS(ES)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/ USED

VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES

COVERAGES / PREMIUMS

COVERAGES	LIMITS OF LIABILITY	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	$ EA ACCIDENT	$	$	$	$
BODILY INJURY LIABILITY	$ EA PERSON $ EA ACCIDENT	$	$	$	$
PROPERTY DAMAGE LIABILITY	$ EA ACCIDENT $ DEDUCTIBLE	$	$	$	$
MEDICAL PAYMENTS	$ 5,000 EA PERSON	$	$	$	$
EXCESS MEDICAL PAYMENTS	$ EA PERSON	$	$	$	$
UNINSURED MOTORISTS CSL	$ EA ACCIDENT	$	$	$	$
UNINSURED MOTORISTS BI	$ EA PERSON $ EA ACCIDENT				
UNINSURED MOTORISTS PD - EA ACC	$ $ $ $	$	$	$	$
COMPREHENSIVE / OTC DED	$ $ $ $	$	$	$	$
COLLISION DED	$ $ $ $	$	$	$	$
ACV UNLESS AMOUNT STATED	$ $ $ $	N / A	N / A	N / A	N / A
TOWING & LABOR	$ $ $ $	$	$	$	$
TRANS EXP / RENTAL RE	$ / $ / $ / $ /	$	$	$	$

CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS				
		$		$			$	$	$	$
		$		%						
		$		$			$	$	$	$
		$		%						
		$		$			$	$	$	$
		$		%						

ESTIMATED TOTAL: $	PREMIUM DEPOSIT: $	POLICY FEE: $	TOTAL PER VEHICLE	$	$	$	$

AGENCY CUSTOMER ID: _____

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE) FIRST NAME	MIDDLE NAME	LAST NAME	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH

#	OCCUPATION	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)
Attach ACORD 99, Accidents / Convictions Schedule, if more space is required

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST THREE (3) YEARS? ☐ Y / N 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 Y / N	AMOUNT OF PROPERTY DAMAGE

ADDITIONAL INTEREST

	ADDL INS ☐	NAME AND ADDRESS	VEH #:
	LOSS PAYEE		LOAN NUMBER
	LENDER'S LOSS PAYABLE		
	ADDL INS ☐	NAME AND ADDRESS	VEH #:
	LOSS PAYEE		LOAN NUMBER
	LENDER'S LOSS PAYABLE		

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		# OF YEARS WITH COMPANY
PRIOR PRODUCER	**PRIOR POLICY NUMBER**	**EXPIRATION DATE**

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	
2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?	
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		$			$

VEH #	DESCRIPTION	VEH #	DESCRIPTION

DRV #	DESCRIPTION	COST	DRV #	DESCRIPTION	COST
		$			$

NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?	

POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	TYPE OF INSURANCE

7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?

DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)

8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?

DRV #	SUSPENSION PERIOD Start Date: End Date:	EXPLANATION	REINSTATEMENT DATE

9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

DRV #	EXPLANATION

11. ANY FINANCIAL RESPONSIBILITY FILING?

DRV #	REASON FOR FILING	FILING DATE

12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?

13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?

DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED

14. IS THIS BROKERED BUSINESS TO THE AGENT?

15. HAS AGENT INSPECTED VEHICLE?

16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

DRV #	EXPLANATION

17. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?

DRV #	EXPLANATION

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

AGENCY CUSTOMER ID: _____

BINDER / SIGNATURE

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	☐ 12:01 AM ☐ NOON
☐ COVERAGE IS NOT BOUND	

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.

THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

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 CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND 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 HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I HAVE BEEN PROVIDED A COPY OF ACORD 61 CO, COLORADO PRIVATE PASSENGER AUTO SUMMARY DISCLOSURE FORM, AND I HAVE BEEN ADVISED THAT UNDER COLORADO LAW MY INSURANCE MUST INCLUDE MEDICAL PAYMENTS COVERAGE WITH BENEFITS OF $5,000 FOR BODILY INJURY, SICKNESS OR DISEASE RESULTING FROM THE OWNERSHIP, MAINTENANCE, OR USE OF THE MOTOR VEHICLE(S) DESCRIBED IN THIS APPLICATION, UNLESS I REJECT THIS COVERAGE IN WRITING. I UNDERSTAND THAT I MAY SELECT EXCESS MEDICAL PAYMENTS COVERAGE LIMITS, OR REJECT MEDICAL PAYMENTS COVERAGE ENTIRELY. (MOTORCYCLES, MOTOR SCOOTERS, MOTOR BIKES AND SIMILAR VEHICLES ARE EXCLUDED FROM THIS REQUIREMENT)

I HAVE SELECTED MEDICAL PAYMENTS COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION. _____ (INITIALS)

I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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	NATIONAL PRODUCER NUMBER