AGENCY CUSTOMER ID: _____

ACORD

# CALIFORNIA PERSONAL AUTO APPLICATION SECTION

DATE (MM/DD/YYYY)

| PRODUCER | | NAMED INSURED(S) | |
|---|---|---|---|
| POLICY NUMBER | EFFECTIVE DATE | CARRIER | NAIC CODE |

## GARAGING ADDRESS (from ACORD 88)

| LOC | STREET | CITY | COUNTY | STATE | ZIP + 4 |
|---|---|---|---|---|---|
| | | | | | |
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## 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
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| 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%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| 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 | $ | $ | $ | $ |
| 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 | $ $ $ $ | $ | $ | $ | $ |
| WAIVER OF COLLISION DEDUCTIBLE (Check if applicable) | | $ | $ | $ | $ |
| 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 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | $ | | $ | | | $ | $ | $ | $ |
| | | $ | | % | | | | | | |
| | | $ | | $ | | | $ | $ | $ | $ |
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| | | $ | | $ | | | $ | $ | $ | $ |
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| | | $ | | $ | | | $ | $ | $ | $ |
| | | $ | | % | | | | | | |
| | | $ | | $ | | | $ | $ | $ | $ |
| | | $ | | % | | | | | | |
| | | $ | | $ | | | $ | $ | $ | $ |
| | | $ | | % | | | | | | |

| ESTIMATED TOTAL: $ | POLICY FEE: $ | TOTAL PER VEHICLE | $ | $ | $ | $ |
|---|---|---|---|---|---|---|


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Attach to ACORD 88 CA

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AGENCY CUSTOMER ID: _____

## 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 |
|---|---|---|---|---|---|---|---|
| | FIRST NAME | MIDDLE NAME | LAST NAME | | | | |
| | | | | | | | |
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| # | OCCUPATION | DATE LIC | STDT >100 | GOOD STDT | DRV TRAIN | GOOD DRV | MAT DRV | ACC PREV CSE DATE | DRIVERS LICENSE # | LIC STATE | SOCIAL SECURITY # |
|---|---|---|---|---|---|---|---|---|---|---|---|
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## 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 ____ 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 |
|---|---|---|---|---|---|
| | | | | | |
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## 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) | |
| 6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? | |
| 7. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED? | |
| 8. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? | |
| 9. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? | |
| 10. ANY FINANCIAL RESPONSIBILITY FILING? | |

**1.** VEH # | NAME OF OTHER OWNER | VEH # | NAME OF OTHER OWNER

**2.** VEH # | DESCRIPTION | COST $ | VEH # | DESCRIPTION | COST $

**3.** VEH # | DESCRIPTION | VEH # | DESCRIPTION

**4.** DRV # | DESCRIPTION | COST $ | DRV # | DESCRIPTION | COST $

**5.** NAMED INSURED | YEAR | MAKE | MODEL | CARRIER | NAIC # | POLICY NUMBER

**6.** DRV # | BRANCH | RANK | BASE LOCATION | VEH AT BASE (Y / N)

**7.** DRV # | SUSPENSION PERIOD Start Date: End Date: | EXPLANATION | REINSTATEMENT DATE

**8.** DRV # | DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

**9.** DRV # | EXPLANATION

**10.** DRV # | REASON FOR FILING | FILING DATE

**AGENCY CUSTOMER ID:** _____

## GENERAL INFORMATION (continued)

| EXPLAIN ALL "YES" RESPONSES | Y / N |
|---|---|
| 11. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? | |
| DRV # / REASON DECLINED, CANCELLED, OR NON-RENEWED | |
| 12. IS THIS BROKERED BUSINESS TO THE AGENT? | |
| 13. HAS AGENT INSPECTED VEHICLE? | |
| 14. ANY MOTORCYCLES TO BE INSURED? (Indicate driver numbers, and provide number of years licensed to drive motorcycles) | |
| DRV # / # OF YEARS LICENSED — DRV # / # OF YEARS LICENSED | |
| 15. 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)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | STATE SUPPLEMENT, ACORD 177 CA | | DRIVER TRAINING CERTIFICATE | | MEDICAL STATEMENT | | BILL OF SALE |
| | STATE SUPPLEMENT, ACORD 860 CA | | GOOD STUDENT CERTIFICATE | | MOTOR VEHICLE REPORT | | |
| | YOUNG DRIVER QUESTIONNAIRE | | ANTI-THEFT DEVICE CERTIFICATE | | PHOTOGRAPH | | |

AGENCY CUSTOMER ID: _____

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

**BINDER / FRAUD / 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.

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.

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

| 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? |
|---|---|

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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.

**FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:**

**ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|---|---|---|---|
| | | | |