

ACORD™

DELAWARE PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)

12/25/2025

PRODUCER

Producer

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

123 Main St, San Francisco CA, 94106

NAIC CODE

NAIC Code

TELEPHONE NUMBER

(555) 444-3333

CO/PLAN

Coplan

POL#:

Policy Number

ACCT#:

Account Number

EFFECTIVE DATE

12/25/2025

EXPIRATION DATE

12/25/2025

X

DIRECT BILL

AGENCY BILL

PAYMENT PLAN

Payment Plan

CODE:

AGENCY CUSTOMER ID

Agency Customer ID

SUBCODE:

RESIDENCE

CURRENT RESIDENCE IS

X

OWNED

RENTED

GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)

YRS AT CURR

12

PREVIOUS ADDRESS (If less than 3 years)

123 Main St, San Francisco CA, 94106

VEH #

123 Main St, San Francisco CA, 94106

VEHICLE DESCRIPTION/USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH	YEAR	MAKE, MODEL AND BODY TYPE	VIN/REGISTERED STATE	HP/CC	DATE PURCH	NEW/USED
12,345	2,345	Vehicle 1 Make Model Body Type	Vehicle 1 VIN/Registered State	Veh-1	12/25	1 New/U
12,345	2,345	Vehicle 2 Make Model Body Type	Vehicle 2 VIN/Registered State	Veh-2	12/25	2 New/U
12,345	2,345	Vehicle 3 Make Model Body Type	Vehicle 3 VIN/Registered State	Veh-3	12/25	3 New/U
	12,345	Vehicle 4 VIN/Registered State	Veh-4	12/25	4 New/U	

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
12,345	\$12,	Veh-	Veh-	12,	2,	2,	1	1	1	1	1	1	1	1	1	1
12,345	\$42,67	Veh-	Veh-	32,	2,	2,	2	2	2	2	2	2	2	2	2	2
12,345	\$42,67	Veh-	Veh-	32,	2,	2,	2	2	2	2	2	2	2	2	2	2
12,345	\$42,67	Veh-	Veh-	32,	2,	2,	2	2	2	2	2	2	2	2	2	2

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THIEF DEVICES	CREDITS AND SURCHARGES	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THIEF DEVICES	CREDITS AND SURCHARGES
	X	X	X	Vehicle 1	5 Vehicle 1 Credits	X	X	X	Vehicle 2	Vehicle 2 Credits
	X	X	X	Vehicle 3	Vehicle 3 Credits	X	X	X	Vehicle 4	Vehicle 4 Credits

COVERAGES/PREMIUMS

Limits up to

Devices

and Surcharges

COVERAGES	LIMITS OF LIABILITY	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$ EA ACCIDENT	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,
BODILY INJURY LIABILITY	\$ EA PERSON \$ \$12,345.67 EA ACCIDENT	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
PROPERTY DAMAGE LIABILITY	\$ EA ACCIDENT \$ \$12,345.67 DEDUCTIBLE	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
PERSONAL INJURY PROTECTION	\$ EA ACCIDENT \$ EA PERSON \$ EA ACCIDENT \$ DEDUCTIBLE X NAMED INSURED NAMED INSURED & RESIDENT RELATIVES	\$ 345.67	\$ 345.67	\$ 345.67	\$ 345.67
ADDITIONAL PERSONAL INJ PROTECTION	\$ EA PERSON \$ NAMED INSURED X NAMED INSURED & RESIDENT RELATIVES EA ACCIDENT	\$ \$12, 345.67	\$ \$12, 345.67	\$ \$12, 345.67	\$ \$12, 345.67
MEDICAL PAYMENTS	Medical Payments Named Insured and Resident	\$	\$ \$12,	\$ \$12,	\$ \$12,
UNINSURED MOTORISTS	CSL/BI EA PERSON \$ EA ACCIDENT	\$	\$ \$42,67	\$ \$42,67	\$ \$42,67
COMPREHENSIVE	DED \$ \$12, \$ \$12, \$ \$12, \$ \$12,	\$ \$12,	\$ \$42,67	\$ \$42,67	\$ \$42,67
COLLISION	DED \$ \$42,67 \$ \$42,67 \$ \$42,67 \$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
ACV UNLESS AMOUNT STATED	\$ \$42,67 \$ \$42,67 \$ \$42,67 \$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
TOWING & LABOR	\$ \$42,67 \$ \$42,67 \$ \$42,67 \$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
TRANS EXP/RENTAL RE	\$ \$42,67 \$12 \$ \$42,67 \$ 345.67 \$ \$42,67 \$12	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
ADDITIONAL COVERAGES/ENDORSEMENTS (include limit, deductible, premium)	\$ \$42,67 \$42,67 \$42,67 \$42,67 \$42,67 \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
		ESTIMATED TOTAL \$ 345.07	DEPOSIT \$ 12,345.67	BALANCE DUE \$ 345.07	

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

#	NAME	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDY GOOD DRV >100	STDY TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
12,345	Robin W. Smith	Resident 1	Married	Spouse	12/25/2025	Resident 1	12/25/2025	Good	12/25/2025	Good	Resident 1 Drivers	456-45-4567
12,345	Robin W. Smith	Resident 2	Married	Spouse	12/25/2025	Resident 2	12/25/2025	Good	12/25/2025	Good	Resident 2 Drivers	456-45-4567
12,345	Robin W. Smith	Resident 3	Married	Spouse	12/25/2025	Resident 3	12/25/2025	Good	12/25/2025	Good	Resident 3 Drivers	456-45-4567
	Robin W. Smith	Resident 4	Married	Spouse	12/25/2025	Resident 4	12/25/2025	Good	12/25/2025	Good	Resident 4 Drivers	456-45-4567

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)

Policy Number and

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE
12,345	Accident/Conviction 1	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	\$12,345.67	X	\$12, 345.67

ACORD 90 DE (1/97)

PLEASE COMPLETE REVERSE SIDE

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ADDITIONAL INTEREST

VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad- diti- onal		LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor	Additional Interest 1
VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad- diti- onal		LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor	Additional Interest 2

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Applicant's Employer	123 Main St, San Francisco CA, 94106	(555) 444-3333	12,	12,
CO-APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Co-Applicant's Employer	123 Main St, San Francisco CA, 94106	(555) 444-3333	12,	12,

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE	ASSIGNED RISK?
Prior Carrier and Producer	12,345	Prior Policy Number/Expiration Date	<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)	<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?	<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

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	<input checked="" type="checkbox"/>	STATE SUPPLEMENT
	<input checked="" type="checkbox"/>	NO-FAULT APPLICATION
	<input checked="" type="checkbox"/>	YOUNG DRIVER QUESTIONNAIRE
	<input checked="" type="checkbox"/>	DRIVER TRAINING CERTIFICATE
	<input checked="" type="checkbox"/>	GOOD STUDENT CERTIFICATE
	<input checked="" type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
	<input checked="" type="checkbox"/>	MEDICAL STATEMENT
	<input checked="" type="checkbox"/>	MOTOR VEHICLE REPORT
	<input checked="" type="checkbox"/>	PHOTOGRAPH
	<input checked="" type="checkbox"/>	BILL OF SALE
FOR COMPANY USE ONLY	<input checked="" type="checkbox"/>	12/25/2025
For Company Use Only		12/25/2025

ATTACHMENTS

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	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.	
12/25/2025	12/25/2025	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.	
TIME	<input checked="" type="checkbox"/> 12:01 AM		
Binder Time	<input type="checkbox"/> NOON		
<input checked="" type="checkbox"/>	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 ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. 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 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?	How Long Have You Known the Applicant
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE AND HAVE SELECTED THE LIMITS INDICATED IN THE SUPPLEMENT TO THIS APPLICATION.			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	12/25/2025	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE