

ACORD OHIO PERSONAL AUTO APPLICATION

DATE
12/25/2025

PRODUCER Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) 123 Main St, San Francisco CA, 94106		NAIC CODE NAIC Code
CODE: AGENCY CUSTOMER ID		SUBCODE:		TELEPHONE NUMBER (555) 444-3333
CO/PLAN Coplan		POL#:		
EFFECTIVE DATE 12/25/2025		EXPIRATION DATE 12/25/2025		ACCT#: Policy Number
AGENCY CUSTOMER ID		AGENCY BILL		PAYMENT PLAN Payment Plan

RESIDENCE		CURRENT RESIDENCE IS <input checked="" type="checkbox"/> OWNED	<input type="checkbox"/> RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT CURR ADDR 12, 34	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
Vehicle 1	VEH#5	Vehicle 1 Make, Model and Body Type										Vehicle 1 VIN/Registered State				Veh-Veh	12/25	1 New/U
Vehicle 2	VEH#5	Vehicle 2 Make, Model and Body Type										Vehicle 2 VIN/Registered State				Veh-Veh	12/25	2 New/U
Vehicle 3	VEH#5	Vehicle 3 Make, Model and Body Type										Vehicle 3 VIN/Registered State				Veh-Veh	12/25	3 New/U
Vehicle 4	VEH#5	Vehicle 4 Make, Model and Body Type										Vehicle 4 VIN/Registered State				Veh-Veh	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%)					
Vehicle 1	VEH#5	Veh-	Veh-	121	2,34	5	Vehicle 1	Use	4	Use	4	12,345	12,345	123	Gov	50	50	50.3%	50.3%	Vehicle
Vehicle 2	VEH#67	Veh-	Veh-	321	2,34	5	Vehicle 2	Use	4	Use	4	12,345	12,345	123	Gov	50	50	50.3%	50.3%	Vehicle
Vehicle 3	VEH#67	Veh-	Veh-	321	2,34	5	Vehicle 3	Use	4	Use	4	12,345	12,345	123	Gov	50	50	50.3%	50.3%	Vehicle
Vehicle 4	VEH#67	Veh-	Veh-	321	2,34	5	Vehicle 4	Use	4	Use	4	12,345	12,345	123	Gov	50	50	50.3%	50.3%	Vehicle

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

COVERAGES/PREMIUMS		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				\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67		
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT				\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67		
MEDICAL PAYMENTS	\$	EA PERSON				\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67		
UNINSURED MOTORISTS	CSL \$	EA ACCIDENT				345.67	345.67	345.67	345.67		
	BI \$	EA PERSON \$									
	PD \$	EA ACCIDENT \$ 250 DEDUCTIBLE				\$ 12,	\$ 12,	\$ 12,	\$ 12,		
COMPREHENSIVE	DED	\$ 12,345.67	\$ 12,	\$ 12,	\$ 12,	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67		
COLLISION	DED	\$ 12,345.67	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67		
ACV UNLESS AMOUNT STATED		\$ 12,	\$ 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	\$ 345,67	\$ 345,67	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67		
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)						\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67		
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.						ESTIMATED TOTAL	345.67	DEPOSIT	345.67	BALANCE DUE	345.67
						\$	\$	\$12,345.67	\$		

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	STDT >100	GOOD STDT TRAIN	DRV	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
Resident 1	Robin W. Smith	Resident	1	Related	5/12/2025	Applicant	12/25/2025	Resident	1	Accident	2025	Resident 1 Driver's	456-45-4567
Resident 2	Robin W. Smith	Resident	2	Related	5/12/2025	Applicant	12/25/2025	Resident	2	Accident	2025	Resident #2 Driver's	456-45-4567
Resident 3	Robin W. Smith	Resident	3	Related	5/12/2025	Applicant	12/25/2025	Resident	3	Accident	2025	Resident #3 Driver's	456-45-4567
Resident 4	Robin W. Smith	Resident	4	Related	5/12/2025	Applicant	12/25/2025	Resident	4	Accident	2025	Resident #4 Driver's	456-45-4567
Resident 5	Robin W. Smith	Resident	5	Related	5/12/2025	Applicant	12/25/2025	Resident	5	Accident	2025	Resident #5 Driver's	456-45-4567

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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION							PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE
Conviction 1	12/25/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.							123 Main St, San Francisco CA, 94106	X	\$12,345.67

ADDITIONAL INTEREST

VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ve-	<input checked="" type="checkbox"/>	LOSS PAY	Name and Address (Additional Interest 1)	Loan Number
VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ve-	<input checked="" type="checkbox"/>	LOSS PAY	Name and Address (Additional Interest 2)	Loan Number

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
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
Prior Carrier and Producer	12,345	Prior Policy Number/Expiration Date

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"/>		15. IS THIS BROKERED BUSINESS TO THE AGENT?		<input checked="" type="checkbox"/>
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input checked="" type="checkbox"/>		16. HAS AGENT INSPECTED VEHICLE?		<input checked="" type="checkbox"/>
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input checked="" type="checkbox"/>				

REMARKS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	<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"/>
For Company Use Only		12/25/2025
		12/25/2025

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. 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.
12/25/2025	12/25/2025	
TIME	<input checked="" type="checkbox"/> 12:01 AM	
	<input type="checkbox"/> NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND <input checked="" type="checkbox"/> COVERAGE IS BOUND		

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

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.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME AND THAT I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR REJECTING UM COVERAGE ENTIRELY.

I HAVE SELECTED:

1. THE LIMITS SHOWN IN THIS APPLICATION; OR

2. I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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