

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

TELEPHONE NUMBER
(555) 444-3333

CO/PLAN
Coplan

POL#:
ACCT#:
Policy Number

EFFECTIVE DATE
12/25/2025

EXPIRATION DATE
12/25/2025

AGENCY CUSTOMER ID

PAYMENT PLAN
Payment Plan

RESIDENCE
CURRENT RESIDENCE IS ☒ OWNED ☐ RENTED

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

YRS AT CURR ADDR
12, 345

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	2025	Vehicle 1 Make, Model and Body Type	Vehicle 1 VIN/Registered State			1 New/U
Vehicle 2	2025					2 New/U
Vehicle 3	2025	Vehicle 3 Make, Model and Body Type	Vehicle 3 VIN/Registered State			3 New/U
	12,345		Vehicle 4 VIN/Registered State			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
Vehicle 1	2025	Veh-	Veh-	12,345	12,345	12,345	Vehicle 1 Usage	Vehicle 1 Per-Form	Vehicle 1 Multi-Car	Vehicle 1 Car Pool	Vehicle 1 Gar-Aged	Vehicle 1 Odometer Reading	12,345	Vehicle 1 Govern Driver	Vehicle 1 Driver Use %	Vehicle 1 Class
Vehicle 2	2025	Veh-	Veh-	12,345	12,345	12,345	Vehicle 2 Usage	Vehicle 2 Per-Form	Vehicle 2 Multi-Car	Vehicle 2 Car Pool	Vehicle 2 Gar-Aged	Vehicle 2 Odometer Reading	12,345	Vehicle 2 Govern Driver	Vehicle 2 Driver Use %	Vehicle 2 Class
Vehicle 3	2025	Veh-	Veh-	12,345	12,345	12,345	Vehicle 3 Usage	Vehicle 3 Per-Form	Vehicle 3 Multi-Car	Vehicle 3 Car Pool	Vehicle 3 Gar-Aged	Vehicle 3 Odometer Reading	12,345	Vehicle 3 Govern Driver	Vehicle 3 Driver Use %	Vehicle 3 Class
Vehicle 4	2025	Veh-	Veh-	12,345	12,345	12,345	Vehicle 4 Usage	Vehicle 4 Per-Form	Vehicle 4 Multi-Car	Vehicle 4 Car Pool	Vehicle 4 Gar-Aged	Vehicle 4 Odometer Reading	12,345	Vehicle 4 Govern Driver	Vehicle 4 Driver Use %	Vehicle 4 Class

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

COVERAGES/PREMIUMS

Limits of Liability

COVERAGES	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
BODILY INJURY LIABILITY	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
PROPERTY DAMAGE LIABILITY	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
MEDICAL PAYMENTS	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
UNINSURED MOTORISTS	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
COMPREHENSIVE	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
COLLISION	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
ACV UNLESS AMOUNT STATED	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
TOWING & LABOR	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
TRANS EXP/RENTAL RE	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
ESTIMATED TOTAL	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
DEPOSIT	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
BALANCE DUE	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$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	STDY GOOD DRV TRN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
Resident 1	Robin W. Smith	Resident 1	Married	Spouse	12/25/2025	Resident 1	12/25/2025	Accident 1	12/25/2025	Resident 1 Driver's	456-45-4567
Resident 2	Robin W. Smith	Resident 2	Married	Spouse	12/25/2025	Resident 2	12/25/2025	Accident 2	12/25/2025	Resident 2 Driver's	456-45-4567
Resident 3	Robin W. Smith	Resident 3	Married	Spouse	12/25/2025	Resident 3	12/25/2025	Accident 3	12/25/2025	Resident 3 Driver's	456-45-4567
Resident 4	Robin W. Smith	Resident 4	Married	Spouse	12/25/2025	Resident 4	12/25/2025	Accident 4	12/25/2025	Resident 4 Driver's	456-45-4567
Resident 5	Robin W. Smith	Resident 5	Married	Spouse	12/25/2025	Resident 5	12/25/2025	Accident 5	12/25/2025	Resident 5 Driver's	456-45-4567

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
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

ACORD 90 OH (1/98)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1981

ADDITIONAL INTEREST

VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
1	<input checked="" type="checkbox"/>	LOSS PAY	Name and Address (Additional Interest 1)	Loan Number
2	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	Loan Number
3	<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"/>		Explanation for Question 9 (Named Insured/Spouse Excluded)		
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? Other Insurance Policy	<input checked="" type="checkbox"/>	

REMARKS

Number	ATTACHMENTS
1	YOUNG DRIVER QUESTIONNAIRE
2	DRIVER TRAINING CERTIFICATE
3	GOOD STUDENT CERTIFICATE
4	ANTI-THEFT DEVICE CERTIFICATE
5	MEDICAL STATEMENT
6	MOTOR VEHICLE REPORT
7	PHOTOGRAPH
8	BILL OF SALE
9	12/25/2025
10	12/25/2025

BINDER/SIGNATURE

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE 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.
EXPIRATION DATE	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"/> Coverage is Not Bound	
<input checked="" type="checkbox"/> COVERAGE IS NOT 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.	HOW LONG HAVE YOU KNOWN 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.	How Long Have You
I HAVE SELECTED:	the Applicant
1. THE LIMITS SHOWN IN THIS APPLICATION; OR	
<input checked="" type="checkbox"/> 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	