

<div>ACORD_{TM}</div> KENTUCKY PERSONAL AUTO APPLICATION								DATE 12/25/2025										
PRODUCER <div>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.</div>				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) 123 Main St, San Francisco CA, 94106							NAIC CODE NAIC Code		TAX TERR Tax Territory					
											TELEPHONE NUMBER (555) 444-3333							
											CO/PLAN Coplan				POL#: Policy Number Line 1			
								ACCT#: Policy Number Line 2										
				EFFECTIVE DATE 12/25/2025		EXPIRATION DATE 12/25/2025		X	DIRECT BILL AGENCY BILL		MAIL POLICY TO AGENT MAIL POLICY TO APPL	PAYMENT PLAN Payment Plan						
								X		X								
CODE: AGENCY CUSTOMER ID				SUBCODE:														

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 PREV	PREVIOUS ADDRESS (If less than 3 years)			VEH #	
2,345	12, 34-	123 Main St, San Francisco CA, 94106				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 LEASED	DATE PURCH	NEW/USED
	VEH# 1	123 Main St, San Francisco CA, 94106										123 Main St, San Francisco CA, 94106				City 1	Sta-	Zip 1	VEH#
	VEH# 3											123 Main St, San Francisco CA, 94106				City 2	Sta-	Zip 2	VEH#
	VEH# 5	123 Main St, San Francisco CA, 94106										123 Main St, San Francisco CA, 94106				City 3	Sta-	Zip 3	VEH#
	VEH# 7	123 Main St, San Francisco CA, 94106										123 Main St, San Francisco CA, 94106				City 4	Sta-	Zip 4	VEH#
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	\$12,	Veh-	Veh-	12,	12,	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	12,345	121	Govern	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1
	Vehicle	\$42,	Veh-	Veh-	34,	234	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	12,345	323	Govern	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2
	Vehicle	\$72,	Veh-	Veh-	52,	254	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	12,345	623	Govern	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3
	Vehicle	\$72,	Veh-	Veh-	52,	2,34	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	12,345	625	Govern	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-DEVICES	CREDITS AND SURCHARGES				PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-DEVICES	CREDITS AND SURCHARGES						
VEH#1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1 Credits				Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1 Credits						
VEH#2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2 Credits				Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2 Credits						
VEH#3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3 Credits				Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3 Credits						
VEH#4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4 Credits				Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4 Credits						

COVERAGES/PREMIUMS/DEDUCTIBLES/THIEF AND SURCHARGES										COVERAGES/PREMIUMS/DEDUCTIBLES/THIEF AND SURCHARGES									
Passenger/Driver/Belt/Both					Limits of Liability					Passenger/Driver/Belt/Both					Limits of Liability				
Single Seat Driver					EA ACCIDENT					Single Seat Driver					EA ACCIDENT				
BODILY INJURY LIABILITY					\$12,345.67 EA PERSON \$12,345.67					BODILY INJURY LIABILITY					\$12,345.67 EA PERSON \$12,345.67				
PROPERTY DAMAGE LIABILITY					\$12,345.67 EA ACCIDENT \$					PROPERTY DAMAGE LIABILITY					\$12,345.67 EA ACCIDENT \$				
PERSONAL INJ PROTECTION (PIP)					\$12,345.67 \$ DED X FULL					PERSONAL INJ PROTECTION (PIP)					\$12,345.67 \$ DED X FULL				
ADDL PERSONAL INJ PROTECTION					OPTION #: \$ AGGREG LMT					ADDL PERSONAL INJ PROTECTION					OPTION #: \$ AGGREG LMT				
MOTORCYCLE PERSONAL INJ PROTECTION					\$12,345.67					MOTORCYCLE PERSONAL INJ PROTECTION					\$12,345.67				
NAMED INDIVIDUAL BROADENED PIP					\$12,345.67					NAMED INDIVIDUAL BROADENED PIP					\$12,345.67				
MEDICAL PAYMENTS					\$ EA PERSON					MEDICAL PAYMENTS					\$ EA PERSON				
UNINSURED MOTORISTS					\$ EA ACCIDENT					UNINSURED MOTORISTS					\$ EA ACCIDENT				
UNDERINSURED MOTORISTS					\$ EA ACCIDENT					UNDERINSURED MOTORISTS					\$ EA ACCIDENT				
COMPREHENSIVE					\$12,345.67					COMPREHENSIVE					\$12,345.67				
COLLISION					\$12,345.67					COLLISION					\$12,345.67				
ACV UNLESS AMOUNT STATED					\$12,345.67					ACV UNLESS AMOUNT STATED					\$12,345.67				
TOWING & LABOR					\$12,345.67					TOWING & LABOR					\$12,345.67				
TRANS EXP/RENTAL RE					\$12,345.67					TRANS EXP/RENTAL RE					\$12,345.67				
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)					POLICY FEE: \$					ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)					POLICY FEE: \$				
ESTIMATED TOTAL					\$12,345.67					ESTIMATED TOTAL					\$12,345.67				
DEPOSIT					\$12,345.67					DEPOSIT					\$12,345.67				
BALANCE DUE					\$12,345.67					BALANCE DUE					\$12,345.67				

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	OCC	DATE LIC	STDT >100	GOOD STDT	DRV TRAV	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
	Robin W. Smith	Driver	✓	1 Marital	12/25	Driver	12/25	XA	✓	✓	Prev 12/25 Date	Driver 1 License	456-45-4567
	Robin W. Smith	Driver	✓	2 Marital	12/25	Driver	12/25	XA	✓	✓	Prev 12/25 Date	Driver 2 License	456-45-4567
	Robin W. Smith	Driver	✓	3 Marital	12/25	Driver	12/25	XA	✓	✓	Prev 12/25 Date	Driver 3 License	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 5 YEARS?									
<div> <div> <input checked="" type="checkbox"/> YES </div> <div> <input type="checkbox"/> NO </div> </div> <div>IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.</div>									
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH		AMOUNT OF PROPERTY DAMAGE			
				YES	NO				
Convicted	12/15/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	123 Main St, San Francisco CA.	X		\$12,345.67			

ADDITIONAL INTEREST

VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad-1		LOSS PAY	Additional Interest 1 Name and Address	Additional Interest 1
VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad-2		LOSS PAY	Additional Interest 2 Name and Address	Additional Interest 2

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
Applicant's Employer Name	123 Main St, San Francisco CA, 94106	(555) 444-3333	Ap-	App-
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
Co-Applicant's Employer Name	123 Main St, San Francisco CA, 94106	(555) 444-3333	Co-	Co-

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
Prior Carrier and Producer	Years	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?	X		9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)	X		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	X		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
5. ANY CAR KEPT AT SCHOOL?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
6. ANY CAR PARKED ON STREET?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	X		15. IS THIS BROKERED BUSINESS TO THE AGENT?		
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	X		16. HAS AGENT INSPECTED VEHICLE?		

REMARKS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	X	NO-FAULT APPLICATION	X	PHOTOGRAPH	
	X	YOUNG DRIVER QUESTIONNAIRE	X	Bill of Sale Description	
	X	DRIVER TRAINING CERTIFICATE	X	Good Student	
	X	GOOD STUDENT CERTIFICATE	X	Verification Statement	
	X	ANTI-THEFT DEVICE CERTIFICATE	X	Description of Use	
	X	MEDICAL STATEMENT	X	Only Description 1	
FOR COMPANY USE ONLY		X	MOTOR VEHICLE REPORT	X	Only Description 2

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	X	12:01 AM	
Binder Time		Binder	
X	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 OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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.			
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?	How Long Have You Known the Applicant
I HAVE HAD UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THIS APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.			
I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)			
I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)			
MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED		NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED	
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.		Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	
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	