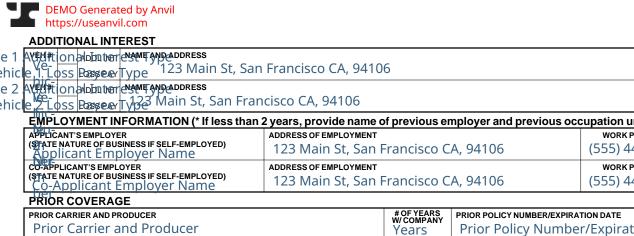
ACORD, ARKANSAS PERSONAL AUTO APPLICATION													
PRODUCER Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.					Main St		NAIC	NAIC CODE NAIC Code TELEPHONE NUMBER (555) 444-3333					
CODE: AGENCY CUSTOMER ID	:	SUBCODE:					TION DATE 5/2025		MAIL POL	mber	MENT PLAN	Plan	
YRS AT ADDR CURR PREVIOUS ADI		RESIDENCE IS less than 3 years)	X OWNED	RENTE	D	v	EH #	OCATION IF	DIFF FROM			nty & ZIP)	
2,345 ^{12,} 123 Maii VEHICLE DESCRIPTION		an Franciso	co CA, 9410)6				lain St, Sa	n Francisco	CA, 9	4106		
	014/031		I AND DODY TYPE	-						HB/CC	DATE LEASED	DATE N PURCH U	IEW/ ISED
VEH YEAR		WAKE, MODE	L AND BODY TYPE			1/06		VIN/REGISTERE		HP/CC			
Vehic- 12,345									Body Type		Vehic-	12/125/2	
Methic-									Body Type		Weethic-	120125/2	
NATION 12,345									Body Type		MEDIC-	120125/2	
Mae2nvi€- 12,345	1						icle 3 Ma	ke Model	Body Type	12/1HHh/	MEDIC-	120125/2	<u>5/2</u> 02
VEH SYMBOL AGE GRP	TERR N		# WKS MONTH USAGE FOR			DOMETER READING			RIVER USE % (Eac			/20c24ss	
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		Maj çakde 2			Devices	\\\\te1	<u> </u>	•	Beakes 24			Aft Device	
COVERAGESCOME				-Theft [Pea4			Brakes 24			ft Device	es
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N	MED PAY	\$	EA PE	RSON S	\$12,34	5.67	EA PEDESTRI	AN \$ 342 ,	67 \$ \$43,	.67 \$	\$42, 67	\$ 342, 6	7
PERSONAL INJURY WOF	RKLOSS	\$ \$12,345	.67					s \$4 2,	67 \$ 345	.67 \$	\$42, 67	\$ 342, 6	7
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UNDERINSURED MOTORISTS	CSL	\$		CIDENT				_{\$} 345.	67 345	.67 \$	345.67	\$ 345.6	"
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ACV UNLESS AMOUNT STATE	D	\$ \$42 ,67	\$ \$42		\$ \$42,6		\$ \$45, 67				\$45 ,67	\$ \$42,6	
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TRANS EXP/RENTAL RE		\$ 345/67	\$ 345	V.6 \$ 12,	\$ \$4 5/6	7	\$ 345 <i>l</i> 6 \$	12 \$ \$45 ,	67 \$ \$42 ,	.67 \$	\$43, 67	\$ \$42 ,6	7
				345.	2,		,	\$ 342 ,	67 \$ \$42 ,	67 \$	\$42, 67	\$ \$42 ,6	7
ADDITIONAL COVERAGES/EN	IDORSEM	ENTS (Include limit	, deductible, premiu	^{ım)} 67	POLICY#EE: \$	<u> </u>	TOTAL VEHIC	野 \$ 342.	67 \$ \$43 ,	67 \$	\$43,67	\$ \$48,6	
				_	5.			7 ESTIMATE		67EPOSIT		BALANGEDIA	
					67			\$	\$		\$		
RESIDENT & DRIVER	INFOR	MATION (List	t all residents	s & dene		ensed o	r not) and						
# NAME (AS IT APPEAR			AR REL TO DA AT APPLIC OF B				STDT GOOD DRV >100 STDT TRAIN		DRIVERS LICEN	ISE#/IICS	TATE SO	CIAL SECURIT	ry #
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Robin W. Smith			2 Marita 201			12255/	XXX	Driver	Dicimeto er la			56-45-45	
Robin W. Smith			3 Marita 202			12255/	XXX	Assign-	Dicimeto er la			<u>56-45-45</u>	
Robin W. Smith			4 Marita 2 8£			12255/	X X X	Baisvan -	<u>Dicimelo e de la</u>			<u>56-45-45</u>	6/
ACCIDENTS/CONVICT	TIONS	(Note: Your d	lriving re ⊘ org	lis veri	ectivoith the	St ate n			nN)umber a	nd Sta	te	LIDE	
HAS ANY DRIVER SHOWN ABO REGARDLESS OF FAULT, OF	OVE HAD A	AN ACCIDENT, CONVICTED OF A	MOVING VIOLAT	TION WITH	HIND LAST	YEA	RS? X	YE êdSCAIN O	IF YES, INDIC COMPREHEN	A I E BELO\ ISIVE INSU			
DRV DATE OF # ACCIDENT/CONVICTION					ENTO R CON	IVICTION		ed Car	PLACE O ACCIDENT/CON	F	BI OR DEATH YES NO	AMOUNT O PROPERTY DAM	F MAGE
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2,34512/25/2025		ismod tem		,		- G			dolor sit ar		XX	345.67	,
ACORD 90 AR (2000/1		ADITION CCITI		PLEASE	COMPL F	TE RFV	RSE SIDE		consecte@		CORPOR		



DATE

PRODUCER'S

DEMO Generated by Anvil https://useanvil.com												
ADDITIONAL INTEREST												
YEH#tion endin then engine and address									LOAN NUMBE	R	1	
e l. Loss Posser Type 123 Main St, San Francisco CA, 94106									Vehicle 1 Additional			
Loss Bassen 1/32 Main St, San Francisco CA, 94106								Interest Loan Nelmide 2 Additional				
EMPLOYMENT INFORMATION (* If less than 2	2 vears, provide name	e of	prev	ious em	vola	er and previous or	cupation	und	Interest er Remarks)	Loan		
APPLICANT'S EMPLOYER	If less than 2 years, provide name of previous employer and previous occupation und ADDRESS OF EMPLOYMENT WORK PHO							(PHO	NE NUMBER	YEARS W/	YEARS W/ PREV EMPL	
(STATE NATURE OF BUSINESS IF SELF-EMPLOYED) Applicant Employer Name	ADDRESS OF EMPLOYMEN				an Francisco CA, 94106 (555) 444						App-	
CO-APPLICANT'S EMPLOYER					NT				NE NUMBER	Y DAR BOW	YENRSW PREVEMPL	
(STATE NATURE OF BUSINESS IF SELF-EMPLOYED) Co-Applicant Employer Name	123 Main St, Sar	n Francisco CA, 94106			106	(555)	444	-3333	ant	gp-		
PRIOR COVERAGE										Жера-	Жерар-	
PRIOR CARRIER AND PRODUCER			# OF W/ CO	YEARS MPANY		POLICY NUMBER/EXPIRA				pslic-	h s a-	
Prior Carrier and Producer			Yea		Pri	or Policy Numbe	er/Expira	atio	n Date	e writth	muith	
GENERAL INFORMATION			wit	h						Kea-	Pea-	
EXPLAIN ALL "YES" RESPONSES IN REMARKS		YES	YES NO PÉXPLAIN ALL "YES" RESPONSES IN REMARKS								YES NO	
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY		X		OINDANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Drive					er number)	Writh	Xusith	
NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			ny	10. ANY DE	RIVER	S LICENSE BEEN SUSPEN	IDED/REVOK	ED?		6lor-	XPne-	
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customize	ed vans/pickups and indicate cost)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver numb						yent Em-	XDIO-	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass	s)	X	_	12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing) 13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? DI							XVer	
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Convi	iction area)?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?							χEm-	
5. ANY CAR KEPT AT SCHOOL?		X		14. ANY CO	14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING						Xyer	
6. ANY CAR PARKED ON STREET?		X			LAST 3 YEARS?						_	
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include an		X				KERED BUSINESS TO THE	AGENT?				X	
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy r REMARKS	number)	X		16. HAS AC		NSPECTED VEHICLE? TACHMENTS					X	
	atur adiniccina oli	+ ~	od 6	40	X	STATE SUPPLEMENT		Х	PHOTOGRAPH			
Lorem ipsum dolor sit amet, consecte eiusmod tempor.	etui adipiscing em	ι, δι	eu c	10		STATE SOFFELINENT			BBilbrosaStal			
eldsillod tempor.					Χ	YOUNG DRIVER QUEST	ONNAIRE	X	Attachine		ails	
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					X	MEDICAL STATEMENT		Χ	Attaithme		etails	
					Χ	MOTOR VEHICLE REPO	RT	Χ	Attaithme			
BINDER/SIGNATURE									Attachme			
INSURANCE BINDER 12/25/ IF THE "BIND	ER" BOX TO THE LEFT IS	s co	MPL	ETED, TH	E FOI	LLOWING CONDITION	S APPLY:					
EFFECTIVE DATE EXPIRATION DATE TO THE TER	ANY BINDS THE KIND(S MS, CONDITIONS AND LI	S) OF IMIT/	F INS ATIO	SURANCE NS OF TH	STIF E PO	PULATED ON THIS A LICY(IES) IN CURREN	PPLICATIO T USE BY 1	N. TH	HIS INSURANO OMPANY.	CE IS SU	BJECT	
12/25/2025 12/25/2025 THIS BINDE	R MAY BE CANCELLED	BY.	THE	INSURED	BY S	SURRENDER OF THE	BINDER	OR B	Y WRITTEN N	OTICE T	O THE	
Director Tirect A 12:01 AM BY NOTICE	STATING WHEN CANCE TO THE INSURED IN A	ACC	ORD	ANCE WI	тн т	THE POLICY CONDIT	IONS. THI	S BIN	NDER IS CAN	CELLED	WHEN	
PREMIUM FO	BY A POLICY. IF THIS E OR THE BINDER ACCOR											
X COVERAGE IS NOT BOUND SUBJECT TO	VERIFICATION AND AD											
NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDIN	IG INFORMATION FROM	1 A (CRED	DIT REPO	RT, N	MAY BE COLLECTED	FROM PE	RSON	IS OTHER TH	AN YOU.	SUCH	
INFORMATION AS WELL AS OTHER PERSONAL A							-			-	-	
DISCLOSED TO THIRD PARTIES. YOU HAVE THE INACCURACIES. A MORE DETAILED DESCRIPTION												
CONTACT YOUR AGENT OR BROKER FOR INSTRUC	CTION ON HOW TO SUBN	ΛIT A	REC	QUEST TO	US.							
IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, IN THE COMPANY. PENALTIES MAY INCLUDE IMPRISO							MPANY FOI	R THE	PURPOSE O	F DEFRA	UDING	
APPLICANT'S STATEMENT: I HAVE READ THE ABO	VE APPLICATION AND A	ANY	ATTA	ACHMENT	S. 1 I	DECLARE THAT THE	INFORMAT	ION I	PROVIDED IN	THEM IS	TRUE.	
COMPLETE AND CORRECT TO THE BEST OF MY R	KNOWLEDGE AND BELIE	EF. T	THIS	INFORMA	TION	I IS BEING OFFERED	TO THE C	OMP	ANY AS AN IN	IDUCEME	NT TO	
ISSUE THE POLICY FOR WHICH I AM APPLYING. IN THAT I UNDERSTAND THE RATES FOR THIS COVI												
OBTAIN COVERAGE DESIRED THROUGH THE NOR!			٠.٠	_, , 12		7.0021	0	,				
PRODUCER'S STATEMENT: I CERTIFY TO THE BE THE APPLICANT IS TI	ST OF MY KNOWLEDGE HE PERSONAL SIGNATU						HOW LON		DDI 10 411T0	How Lo	_	
I UNDERSTAND THAT THE COVERAGE SELECTION POLICY RENEWALS, CONTINUATIONS AND CHANG							UPPLEMEN	NT W	ILL APPLY T	g Lagran Ra	JTURE	
			1		1					<u>Applica</u>	ant	
X												

ACORD 90 AR (2000/10)

APPLICANT'S SIGNATURE