



MICHIGAN PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)
12/25/2025

PRODUCER			APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE NAIC Code	
Producer			123 Main St, San Francisco CA, 94106				TELEPHONE NUMBER (555) 444-3333	
CODE:			SUBCODE:		CO/PLAN Coplan		POL#: Policy Number	
AGENCY CUSTOMER ID							ACCT#: Account Number	
			EFFECTIVE DATE 12/25/2025		EXPIRATION DATE 12/25/2025		X DIRECT BILL PAYMENT PLAN Payment Plan	
							AGENCY BILL	

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 #	
Vehicle 2 Indicator		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 PURCH	NEW/USED				
1	Vehicle 1 Year	Vehicle 1 Make Model Body Type										Vehicle 1 VIN/Registered State							Vehicle 1 HP/CC	Vehicle 1 Date Purch	Vehicle 1 New/Used				
2	Vehicle 2 Year	Vehicle 2 Make Model Body Type										Vehicle 2 VIN/Registered State							Vehicle 2 HP/CC	Vehicle 2 Date Purch	Vehicle 2 New/Used				
3	Vehicle 3 Year	Vehicle 3 Make Model Body Type										Vehicle 3 VIN/Registered State							Vehicle 3 HP/CC	Vehicle 3 Date Purch	Vehicle 3 New/Used				
4	Vehicle 4 Year	Vehicle 4 Make Model Body Type										Vehicle 4 VIN/Registered State							Vehicle 4 HP/CC	Vehicle 4 Date Purch	Vehicle 4 New/Used				
VEH	COLOR 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		
1	Vehicle 1 Color	Veh-	Veh-	Vehicle 1 Mileage	Vehicle 1 Days Week	Vehicle 1 Wks Month	Vehicle 1 Usage	Vehicle 1 Per-Form	Vehicle 1 Multi-Car	Vehicle 1 Car Pool	Vehicle 1 Gar-Aged	Vehicle 1 Odometer Reading	Vehicle 1 Annual Mileage	Vehicle 1 Govern Driver	Vehicle 1 Driver Use %	Vehicle 1 Driver Use %	Vehicle 1 Driver Use %	Vehicle 1 Driver Use %	Vehicle 1 Driver Use %	Vehicle 1 Driver Use %	Vehicle 1 Class				
2	Vehicle 2 Color	Veh-	Veh-	Vehicle 2 Mileage	Vehicle 2 Days Week	Vehicle 2 Wks Month	Vehicle 2 Usage	Vehicle 2 Per-Form	Vehicle 2 Multi-Car	Vehicle 2 Car Pool	Vehicle 2 Gar-Aged	Vehicle 2 Odometer Reading	Vehicle 2 Annual Mileage	Vehicle 2 Govern Driver	Vehicle 2 Driver Use %	Vehicle 2 Driver Use %	Vehicle 2 Driver Use %	Vehicle 2 Driver Use %	Vehicle 2 Driver Use %	Vehicle 2 Driver Use %	Vehicle 2 Class				
3	Vehicle 3 Color	Veh-	Veh-	Vehicle 3 Mileage	Vehicle 3 Days Week	Vehicle 3 Wks Month	Vehicle 3 Usage	Vehicle 3 Per-Form	Vehicle 3 Multi-Car	Vehicle 3 Car Pool	Vehicle 3 Gar-Aged	Vehicle 3 Odometer Reading	Vehicle 3 Annual Mileage	Vehicle 3 Govern Driver	Vehicle 3 Driver Use %	Vehicle 3 Driver Use %	Vehicle 3 Driver Use %	Vehicle 3 Driver Use %	Vehicle 3 Driver Use %	Vehicle 3 Driver Use %	Vehicle 3 Class				
4	Vehicle 4 Color	Veh-	Veh-	Vehicle 4 Mileage	Vehicle 4 Days Week	Vehicle 4 Wks Month	Vehicle 4 Usage	Vehicle 4 Per-Form	Vehicle 4 Multi-Car	Vehicle 4 Car Pool	Vehicle 4 Gar-Aged	Vehicle 4 Odometer Reading	Vehicle 4 Annual Mileage	Vehicle 4 Govern Driver	Vehicle 4 Driver Use %	Vehicle 4 Driver Use %	Vehicle 4 Driver Use %	Vehicle 4 Driver Use %	Vehicle 4 Driver Use %	Vehicle 4 Driver Use %	Vehicle 4 Class				
VEH	PASSIVE SEAT BELT	AIRBAG DRIVER BOTH	ANTI-LOCK BRAKES 2/4	THEFT DEVICES	CREDITS AND SURCHARGES				PASSIVE SEAT BELT	AIRBAG DRIVER BOTH	ANTI-LOCK BRAKES 2/4	THEFT DEVICES	CREDITS AND SURCHARGES				CLASS								
X	X	X	X	Vehicle 1 Theft	Vehicle 1 Credits and Surcharges				X	X	X	X	Vehicle 2 Theft	Vehicle 2 Credits and Surcharges				Vehicle 2 Class							
X	X	X	X	Vehicle 2 Theft	Vehicle 2 Credits and Surcharges				X	X	X	X	Vehicle 3 Theft	Vehicle 3 Credits and Surcharges				Vehicle 3 Class							

COVERAGES/PREMIUMS- COVERAGE										Limits and Surcharges										Limits and Surcharges										Limits and Surcharges																																																	
LIMITS OF LIABILITY										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																																							
SINGLE LIMIT LIABILITY (CSL)										EA ACCIDENT (MANDATORY MINIMUM \$40,000)										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
BODILY INJURY LIABILITY										EA PER (MAND MIN \$20,000) \$										EA ACC (MAND MIN \$40,000)										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																			
PROPERTY DAMAGE LIABILITY										EA ACCIDENT (MANDATORY MINIMUM \$10,000)										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
LIMITED PROPERTY DAMAGE LIABILITY										EA ACCIDENT										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
PERSONAL INJURY PROTECTION										INCOME LOSS \$12,345.67										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
										LEVEL \$12,345.67										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
										COORDINATION WORK LOSS \$12,345.67										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
PROPERTY PROTECTION										\$ 1,000,000										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
UNINSURED MOTORISTS CSL/BI										EA PERSON \$										EA ACCIDENT										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																			
UNDERINSURED MOTORISTS CSL/BI										\$ 12,345.67										EA PERSON \$										EA ACCIDENT										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #									
COMPREHENSIVE DED										\$ 12, / \$ 12, / \$ 12, / \$ 12,345.67										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
LIMITED COLLISION NO DED										345.67										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
COLLISION DED										\$ 12, / \$ 12, / \$ 12, / \$ 12, /										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
BROADENED COLLISION DED										\$ 12, / \$ 12, / \$ 12, / \$ 12, /										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
TOWING & LABOR										\$ 12, / \$ 12, / \$ 12, / \$ 12, /										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
TRANS EXP/RENTAL RE										\$ 12, / \$ 12, / \$ 12, / \$ 12, /										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)										TOTAL PER VEHICLE**										VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
** Michigan Catastrophic Claims Association Charge will be added to the premium for each option.																				VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.																				VEHICLE #										VEHICLE #										VEHICLE #										VEHICLE #																													

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	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Robin W. Smith	Resident 1	Relaxd	Spouse	12/25/51	Resident	Relaxd	Spouse	12/25/51	Resident 1 Drivers	456-45-4567	
2	Robin W. Smith	Resident 2	Relaxd	Spouse	12/25/51	Resident	Relaxd	Spouse	12/25/51	Resident 2 Drivers	456-45-4567	
	Robin W. Smith	Resident 3	Relaxd	Spouse	12/25/51	Resident	Relaxd	Spouse	12/25/51	Resident 3 Drivers	456-45-4567	
	Robin W. Smith	Resident 4	Relaxd	Spouse	12/25/51	Resident	Relaxd	Spouse	12/25/51	Resident 4 Drivers	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?						YES	NO
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BIO R DEATH YES NO	AMOUNT OF PROPERTY DAMAGE		
Ac-ci-	Accident/Con- viction 1	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	\$12,345.67	X	\$12,345.67		

ADDITIONAL INTEREST

VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad-1	X	LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod	Additional Interest 1
Ad-2	X	ADDL INT	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod	Additional Interest 2
Ad-3	X	LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod	Additional Interest 3

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

REMARKS

LOREM ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	X	STATE SUPPLEMENT
	X	DRIVER TRAINING CERTIFICATE
	X	ANTI-THEFT DEVICE CERTIFICATE
	X	MOTOR VEHICLE REPORT
	X	PHOTOGRAPH
	X	BILL OF SALE
FOR COMPANY USE ONLY	X	12/25/2025
For Company Use Only		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.	
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	COVERAGE IS NOT BOUND	
Insurance	12:01 AM		
Binder Time	NOON		
X			
IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVER IN THE HOUSEHOLD.			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00.			
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.			
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.			
REJECTION WORK LOSS: ALL INSUREDS PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAVE NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGN BELOW.			
I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDED UNDER THE PIP COVERAGE.		DATE	
PRINT NAME		SIGNATURE	
I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OF RECOVERY UNDER EACH. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES/PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION IS SELECTED, I DO NOT WISH TO PURCHASE ANY COLLISION COVERAGE FOR THAT VEHICLE.			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240			
APPLICANT'S SIGNATURE	Robin W. Smith	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
		12/25/2025	