



# GEORGIA 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		POL#:	
				Coplan		ACCT#:	
						Policy Number	
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	ACCT# Prefix	DIRECT BILL	PAYMENT PLAN	
		12/25/2025	12/25/2025	ACCT# Suffix	AGENCY BILL	Payment Plan	

<b>RESIDENCE</b>		<b>CURRENT RESIDENCE IS</b>	<input checked="" type="checkbox"/> OWNED	<input type="checkbox"/> RENTED	<b>GARAGE LOCATION IF DIFF FROM ABOVE (Inc county &amp; ZIP)</b>	
<b>YRS AT CURR</b>	<b>ADDR PREV</b>	<b>PREVIOUS ADDRESS (If less than 3 years)</b>			<b>VEH #</b>	
12-34	2,345	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
2,345	2,345	Vehicle 1 Make Model Body Type												Vehicle 1 VIN/Registered State					Veh-Val2025	1 New
2,345	2,345																		Veh-Val2025	2 New
2,345	2,345	Vehicle 3 Make Model Body Type												Vehicle 3 VIN/Registered State					Veh-Val2025	3 New
	12,345													Vehicle 4 VIN/Registered State					Veh-Val2025	4 New
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		
2,345	\$12,345	Veh-Val	Veh-Val	Veh-Val	12,345	2,345	Vehicle 1 Usage	40	1	0	0	Vehicle 1 Odometer Reading	12,345	Vehicle 1 Govern Driver	50	50	30.3%	50.3%	Vehicle 1 Class	
2,345	\$12,67	Veh-Val	Veh-Val	Veh-Val	32,345	2,345	Vehicle 2 Usage	40	1	0	0	Vehicle 2 Odometer Reading	12,345	32,50	30.3%	30.3%	30.3%	30.3%	Vehicle 2 Class	
2,345	\$12,67	Veh-Val	Veh-Val	Veh-Val	32,345	2,345	Vehicle 3 Usage	40	1	0	0	Vehicle 3 Odometer Reading	12,345	32,50	30.3%	30.3%	30.3%	30.3%	Vehicle 3 Class	
2,345	\$12,67	Veh-Val	Veh-Val	Veh-Val	32,345	2,345	Vehicle 4 Usage	40	1	0	0	Vehicle 4 Odometer Reading	12,345	32,50	30.3%	30.3%	30.3%	30.3%	Vehicle 4 Class	
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-THFT DEVICES	CREDITS AND SURCHARGES				PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-THFT DEVICES	CREDITS AND SURCHARGES							
	X	X	5yrs	Spec-Title	Vehicle 1 Credits				X	X	X	Vehicle 2	Vehicle 2 Credits							
	X	X	5yrs	Spec-Title	Vehicle 3 Credits				X	X	X	Vehicle 4	Vehicle 4 Credits							

COVERAGES/PREMIUMS- up						and Surcharges				
COVERAGES		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	EA ACCIDENT		\$ \$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		\$ \$12,345.67	DEDUCTIBLE		345.67	345.67	345.67	345.67
	BI	\$ \$12,345.67 EA PER		\$ EA ACC	\$ DED		\$	\$	\$	\$
	PD	\$ EA ACCIDENT		\$ 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\$12	\$ \$42.67\$12	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	
						\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	
ADDITIONAL COVERAGES/ENDORSEMENTS (include limit, deductible, premium)						TOTAL PER VEHICLE \$ \$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 \$ 345.07		
						\$	\$	\$		

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	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
2,34	Robin W. Smith	Resident 1	Relaxed	Student	2025	plc	Resident 1	2025	Resident 1	T	2025	Resident 1 Driver	456-45-4567
2,34	Robin W. Smith	Resident 2	Relaxed	Student	2025	plc	Resident 2	2025	Resident 2	T	2025	Resident 2 Driver	456-45-4567
2,34	Robin W. Smith	Resident 3	Relaxed	Student	2025	plc	Resident 3	2025	Resident 3	T	2025	Resident 3 Driver	456-45-4567
	Robin W. Smith	Resident 4	Relaxed	Student	2025	plc	Resident 4	2025	Resident 4	T	2025	Resident 4 Driver	456-45-4567
	Robin W. Smith	Resident 5	Relaxed	Student	2025	plc	Resident 5	2025	Resident 5	T	2025	Resident 5 Driver	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="checked" type="checkbox"/> YES <input type="checkbox"/> NO           IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.									
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES	NO	AMOUNT OF PROPERTY DAMAGE			
12,345	12/25/2025	Accident Description	Accident Place of Accident/Conviction	X		\$12,345.67			

ADDITIONAL INTEREST

Vehicle #1	Additional Interest Type	NAME AND ADDRESS	LOAN NUMBER
Loss Payer 1	Loss Type	123 Main St, San Francisco CA, 94106	Additional Interest
Vehicle #2	Additional Interest Type	NAME AND ADDRESS	LOAN NUMBER
Loss Payer 2	Loss Type	123 Main St, San Francisco CA, 94106	Additional Interest 2
Vehicle #3	Additional Interest Type	NAME AND ADDRESS	LOAN NUMBER
Loss Payer 3	Loss Type		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	123 Main St, San Francisco CA, 94106	(555) 444-3333	Applicant's Employer	Applicant's Employer
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	Applicant's Employer	Applicant's Employer

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Prior Carrier and Producer	Years	Prior Policy Number/Expiration Date	Prior Carrier and Producer	Prior Carrier and Producer

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

ATTACHMENTS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	X	STATE SUPPLEMENT	X	PHOTOGRAPH
	X	YOUNG DRIVER QUESTIONNAIRE	X	BILL OF SALE
	X	DRIVER TRAINING CERTIFICATE	X	Bill of Sale Label
	X	GOOD STUDENT CERTIFICATE	X	Good Student
	X	ANTI-THEFT DEVICE CERTIFICATE	X	Verified Statement
	X	MEDICAL STATEMENT	X	Motor Vehicle Report
	X	MOTOR VEHICLE REPORT	X	Additional
FOR COMPANY USE ONLY				Attachment Label
For Company Use Only				

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	NOTICE OF INSURANCE INFORMATION PRACTICES	
Binder Time	12:01 AM	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.	
X	COVERAGE IS NOT BOUND	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.			
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?	How Long Have You
I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE AND UNINSURED MOTORISTS COVERAGE HAVE BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION. I HAVE ALSO SIGNED THE STATE SUPPLEMENT TO THIS APPLICATION.			
UNLESS I AM MAKING AN ADVANCE PAYMENT OF THE FIRST SIXTY DAYS OF COVERAGE, I DECLARE THAT THIS POLICY IS A CONTINUATION OF A POLICY, AND THAT THERE HAS BEEN NO LAPSE IN COVERAGE TO ANY AUTOMOBILE DESCRIBED IN THIS APPLICATION.			
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.			
APPLICANT'S SIGNATURE	12/25/2025	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE