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ACORD™ VERMONT PERSONAL AUTO APPLICATION

DATE

PRODUCER: Producer

CODE: SUBCODE:

AGENCY CUSTOMER ID

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#: Policy Number

ACCT#: Account Number

EFFECTIVE DATE	EXPIRATION DATE					PAYMENT PLAN
02/07/2026	02/07/2026	X	DIRECT BILL		MAIL POLICY TO AGENT	Payment Plan
		X	AGENCY BILL	X	MAIL POLICY TO APPL	

RESIDENCE CURRENT RESIDENCE IS: Subcode OWNED RENTED

YRS AT CURR	ADDR PREV	PREVIOUS ADDRESS (If less than 3 years)
X		123 Main St, San Francisco CA, 94106

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

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 LEASED	DATE PURCH	NEW/ USED
	Vehic-	Vehicle 1 Year	Vehicle 1 Make Model Body Type / Vehicle 1 Registered State	Vehicle 1 HP/CC	Vehicle 1 Date Leased	02/07/2026	Vehicle 1 New/U
	Vehic-						
	Vehic-	Vehicle 2 Year	Vehicle 2 Make Model Body Type / Vehicle 2 Registered State			02/07/2026	
	Vehic-	Vehicle 3 Year	Vehicle 3 Make Model Body Type / Vehicle 3 Registered State			02/07/2026	

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
	$12,	Veh-	Veh-	Veh-	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle	Vehicle-1	Vehicle 1 Drivers	Vehicle 1 Drivers	Vehicle 1 Drivers	Vehicle 1 Drivers	Vehicle 1
	$12,67	Veh-	Veh-	Veh-	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle	Vehicle-2	Vehicle 2 Drivers	Vehicle 2 Drivers	Vehicle 2 Drivers	Vehicle 2 Drivers	Vehicle 1
	$12,67	Veh-	Veh-	Veh-	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle	Vehicle-3	Vehicle 3 Drivers	Vehicle 3 Drivers	Vehicle 3 Drivers	Vehicle 3 Drivers	Vehicle 1
	$12,67	Veh-	Veh-	Veh-	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle	Vehicle-4	Vehicle 4 Drivers	Vehicle 4 Drivers	Vehicle 4 Drivers	Vehicle 4 Drivers	Vehicle 1

VEH	PASSIVE SEAT BELT	AIRBAG	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	PASSIVE SEAT BELT	AIRBAG	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
	Vehic-	Vehic-	Vehic-	Vehicle 1	Vehicle 1 Credits	Vehic-	Vehicle	Vehic-	Vehicle 2	Vehicle 2 Credits
	Vehic-	Vehic-	Vehic-	Vehicle 3	Vehicle 3 Credits	Vehic-	Vehicle	Vehic-	Vehicle 4	Vehicle 4 Credits

COVERAGES/PREMIUMS

COVERAGES		LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)		$	EA ACCIDENT			$	$	$	$
BODILY INJURY LIABILITY		$	EA PERSON	$ $12,345.67	EA ACCIDENT	$	$	$	$
PROPERTY DAMAGE LIABILITY		$ $12,345.67	EA ACCIDENT	$ $12,345.67	DEDUCTIBLE	$	$	$	$
MEDICAL PAYMENTS		$ $12,345.67	EA PERSON			$	$	$	$
UNINSURED MOTORISTS	CSL	$ $12,345.67	EA ACCIDENT	$12,345.67		$	$	$	$
	BI	$ $12,345.67	EA PERSON	$	EA ACCIDENT				
	PD	$	EA ACCIDENT			$	$	$	$
COMPREHENSIVE	DED	$	$	$	$	$	$	$	$
COLLISION	DED	$	$	$	$	$	$	$	$
ACV UNLESS AMOUNT STATED		$	$	$	$	$	$	$	$
TOWING & LABOR		$	$	$	$	$	$	$	$
TRANS EXP/RENTAL RE		$	$	$	$	$	$	$	$
						$	$	$	$
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)			POLICY FEE: $		TOTAL PER VEHICLE	$	$	$	$
						ESTIMATED TOTAL $	DEPOSIT $	BALANCE DUE $	

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 TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
	Robin W. Smith	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1 License	456-45-4567
	Robin W. Smith	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2 License and State	456-45-4567
	Robin W. Smith	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3 License and State	456-45-4567
	Robin W. Smith	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4 License and State	456-45-4567
	Robin W. Smith	Driver 5	Driver 5	Driver 5	Driver 5	Driver 5	Driver 5	Driver 5	Driver 5	Driver 5	Driver 5	Driver 5 License and State	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? X YES 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	BI OR DEATH NO	AMOUNT OF PROPERTY DAMAGE
ent Driver	02/07/2026	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	123 Main St, San Francisco CA, 94106	X		$12, 345.67

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ADDITIONAL INTEREST

VEH #	ADDITIONAL INTEREST TYPE	NAME AND ADDRESS	LOAN NUMBER
Vehicle 1 Additional Interest Type	Vehicle 1 Loss Payee Type	123 Main St, San Francisco CA, 94106	Vehicle 1 Additional Interest Loan Number
Vehicle 2 Additional Interest Type	Vehicle 2 Loss Payee Type	123 Main St, San Francisco CA, 94106	Vehicle 2 Additional Interest Loan Number

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	Applicant's Current Employer	Applicant's Previous Employer
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-Applicant's Current Employer	Co-Applicant's Previous Employer

PRIOR COVERAGE

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

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ATTACHMENTS

X	YOUNG DRIVER QUESTIONNAIRE
X	DRIVER TRAINING CERTIFICATE
X	GOOD STUDENT CERTIFICATE
X	ANTI-THEFT DEVICE CERTIFICATE
X	MEDICAL STATEMENT
X	MOTOR VEHICLE REPORT
X	PHOTOGRAPH
X	BILL OF SALE
X	Other Attachment Description

FOR COMPANY USE ONLY

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BINDER/SIGNATURE

INSURANCE BINDER Binder Time		
EFFECTIVE DATE 02/07/2026	EXPIRATION DATE 02/07/2026	
TIME Binder Time of Day	X	12:01 AM
		NOON
X	COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

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.

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.

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, I HEREBY CONSENT TO THE COMPANY OBTAINING A CREDIT REPORT OR INVESTIGATIVE CREDIT REPORT ABOUT ME WHICH MAY CONTAIN INFORMATION AS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. THE AUTHORIZATION TO OBTAIN THE ABOVE REPORT EXTENDS TO COMPANIES AFFILIATED WITH THE COMPANY, TO CONSUMER REPORTING AGENCIES AND INSURANCE SUPPORT ORGANIZATIONS REPRESENTING THE COMPANY, AND TO SUBSEQUENT REPORTS IN CONNECTION WITH THE SAME TRANSACTION TO THE EXTENT THAT SUCH REPORTS MAY BE OBTAINED UNDER THE FEDERAL FAIR CREDIT REPORTING ACT.

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, MAY BE COMMITTING A CRIME, SUBJECTING THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS BEING OFFERED TO THE COMPANY AS AN 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? Producer Known Applicant Duration

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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	