

# ACORD VERMONT PERSONAL AUTO APPLICATION

DATE

PRODUCER  Producer  CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)  123 Main St, San Francisco CA, 94106  CO/PLAN Coplan  EFFECTIVE DATE 12/25/2025	NAIC CODE NAIC Code  TELEPHONE NUMBER (555) 444-3333  POL#: Policy Number ACCT#: Account Number  MAIL POLICY TO AGENT MAIL POLICY TO APPL PAYMENT PLAN Payment Plan
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RESIDENCE CURRENT RESIDENCE 123 Main St, San Francisco CA, 94106	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP) 123 Main St, San Francisco CA, 94106	
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VEH	YEAR	MAKE, MODEL AND BODY TYPE	VIN/REGISTERED STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED
	Vehicle 1 Year	Vehicle 1 Make Model Body Type 1	Vehicle 1 Registered State 1		12/25/2025		Used
	Vehicle 2 Year	Vehicle 2 Make Model Body Type 2	Vehicle 2 Registered State 2		12/25/2025		Used
	Vehicle 3 Year	Vehicle 3 Make Model Body Type 3	Vehicle 3 Registered State 3		12/25/2025		Used

VEH	NEW	SYMBOL	TERR	MILE 1 WAY	# DAYS	# WKS	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR-AGED	ODOMETER	ANNUAL	GOVERN	DRIVER USE %	ANTILOCK	DIR	REF	DEV	CREDITS	SURCHARGES	SEATBELT	AIRBAG	ANTILOCK	DIR	REF	DEV	CREDITS	SURCHARGES
		Veh-	Veh-	Vehicle 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

COVERAGES	PREMIUMS	DEDUCTIBLES	LIMITS OF LIABILITY	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
COMPREHENSIVE	\$12,	\$12,	\$12,	\$12,	\$42,67	\$42,67	\$42,67
COLLISION	\$42,67	\$42,67	\$42,67	\$42,67	\$42,67	\$42,67	\$42,67
ACV UNLESS AMOUNT STATED	\$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
TRANS EXP/RENTAL RE	\$345,67	\$345,67	\$345,67	\$345,67	\$42,67	\$42,67	\$42,67
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)				POLICY FEE: \$	TOTAL PER VEHICLE	ESTIMATED TOTAL	DEPOSIT
				.67	.67	\$45.67	\$345.67

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
	Robin W. Smith	Driver 1	Related	State Applicant	12/25/2025	Driver	12/25/2025	State	State	State	State	Driver 1 License	456-45-4567
	Robin W. Smith	Driver 2	Related	State Applicant	12/25/2025	Driver	12/25/2025	State	State	State	State	Driver 1 License	456-45-4567
	Robin W. Smith	Driver 3	Related	State Applicant	12/25/2025	Driver	12/25/2025	State	State	State	State	Driver 1 License	456-45-4567
	Robin W. Smith	Driver 4	Related	State Applicant	12/25/2025	Driver	12/25/2025	State	State	State	State	Driver 1 License	456-45-4567
	Robin W. Smith	Driver 5	Related	State Applicant	12/25/2025	Driver	12/25/2025	State	State	State	State	Driver 1 License	456-45-4567

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE
	12/25/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	123 Main St, San Francisco CA, 94106	X	\$12,345.67

**ADDITIONAL INTEREST**

VEH # Vehicle 1	Additional Interest Type Loss Base Type	NAME AND ADDRESS 123 Main St, San Francisco CA, 94106	LOAN NUMBER Vehicle 1 Additional Interest Loan
VEH # Vehicle 2	Additional Interest Type Loss Base Type	NAME AND ADDRESS 123 Main St, San Francisco CA, 94106	LOAN NUMBER Vehicle 2 Additional Interest Loan

**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) Applicant's Employer Name	ADDRESS OF EMPLOYMENT 123 Main St, San Francisco CA, 94106	WORK PHONE NUMBER (555) 444-3333	YEARS W/ CURR EMPL Ap-	YEARS W/ PREV EMPL App-
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) Applicant's Employer Name	ADDRESS OF EMPLOYMENT 123 Main St, San Francisco CA, 94106	WORK PHONE NUMBER (555) 444-3333	YEARS W/ CURR EMPL not	YEARS W/ PREV EMPL 6b-

**PRIOR COVERAGE**

PRIOR CARRIER AND PRODUCER Prior Carrier and Producer	# OF YEARS W/ COMPANY Years	PRIOR POLICY NUMBER/EXPIRATION DATE Prior Policy Number/Expiration Date	YEARS W/ CURR EMPL with	YEARS W/ PREV EMPL with
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**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?		X
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	X		16. HAS AGENT INSPECTED VEHICLE?		X

**REMARKS**

<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.</p>	<p>X YOUNG DRIVER QUESTIONNAIRE</p> <p>X DRIVER TRAINING CERTIFICATE</p> <p>X GOOD STUDENT CERTIFICATE</p> <p>X ANTI-THEFT DEVICE CERTIFICATE</p> <p>X MEDICAL STATEMENT</p> <p>X MOTOR VEHICLE REPORT</p> <p>X PHOTOGRAPH</p> <p>X BILL OF SALE</p> <p>X Other Attachment</p>
<p>FOR COMPANY USE ONLY</p> <p>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod</p>	<p>Description</p>

**BINDER/SIGNATURE**

<p><b>INSURANCE BINDER</b></p> <p>EFFECTIVE DATE: 12/25/2025</p> <p>EXPIRATION DATE: 12/25/2025</p> <p>TIME: 12:01 AM</p> <p>COVERAGE IS NOT BOUND</p>	<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p>	
<p>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.</p>		
<p>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.</p>		
<p>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 A 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.</p>		
<p>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.</p>	<p>HOW LONG HAVE YOU KNOWN THE APPLICANT? Producer Known</p>	
<p>I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.</p>		
<p>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.</p>		
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE