

ACORD

MARYLAND PERSONAL AUTO APPLICATION

DATE
12/25/2025

PRODUCER

123 Main St, San Francisco CA, 94106

NAIC CODE
NAIC Code

TELEPHONE NUMBER
(555) 444-3333

REGISTERED OWNER IF DIFFERENT FROM ABOVE:

COPLAN

POL#

ACCT#

POL#

EFFECTIVE DATE
Code

EXPIRATION DATE
Subcode

ACCT#

VALUE

DIRECT BILL
X

MAIL POLICY TO AGENT
X

PAYMENT PLAN
Payment Plan

CODE:

SUBCODE:

AGENCY CUSTOMER ID

RESIDENCE

CURRENT RESIDENCE IS

X

OWNED

RENTED

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

YRS AT CURR

ADDR PREV

PREVIOUS ADDRESS (If less than 3 years)

VEH #

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 LEASED

DATE PURCH

NEW/USED

VEH

12,345

Make, Model and Body Type 2

VIN/Registered State 2

VEH

12,345

Make, Model and Body Type 2

VIN/Registered State 2

VEH

12,345

Make, Model and Body Type 2

VIN/Registered State 2

VEH

12,345

Make, Model and Body Type 2

VIN/Registered State 2

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 %

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

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19

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21

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96

97

98

99

100

VEH

PASSIVE SEAT BELT

AIRBAG DRV/BOTH

ANTI-LOCK BRAKES 2/4

ANTI-THEFT DEVICES

CREDITS AND SURCHARGES

VEH

PASSIVE SEAT BELT

AIRBAG DRV/BOTH

ANTI-LOCK BRAKES 2/4

ANTI-THEFT DEVICES

CREDITS AND SURCHARGES

VEH

X

X

X

Anti-Theft

3 Credits and

VEH

X

X

X

Anti-Theft

3 Credits and

VEH

X

X

X

Anti-Theft

3 Credits and

VEH

X

X

X

Anti-Theft

3 Credits and

COVERAGES/PREMIUMS

COVERAGES

4

3

Re-

LIMITS OF LIABILITY

VEHICLE #

4

VEHICLE #

VEHICLE #

VEHICLE #

SINGLE LIMIT LIABILITY (CSL)

\$

4

EA ACCIDENT

\$

\$12,345

\$

\$12,345

\$

\$12,345

\$

\$12,345

BODILY INJURY LIABILITY

\$

4

EA PERSON

\$

\$12,345

\$

\$12,345

\$

\$12,345

\$

\$12,345

PROPERTY DAMAGE LIABILITY

\$

4

EA ACCIDENT

\$

\$12,345

\$

\$12,345

\$

\$12,345

\$

\$12,345

PERSONAL INJURY PROTECTION

\$

2,500

EA PERSON

X

WAIVER OF PIP APPLIES

\$

\$12,345

\$

\$12,345

\$

\$12,345

\$

\$12,345

ADDL PERSONAL INJ PROTECTION

\$

4

EA PERSON

\$

\$12,345

\$

\$12,345

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\$12,345

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\$12,345

MEDICAL PAYMENTS

\$

4

EA PERSON

\$

\$12,345

\$

\$12,345

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\$12,345

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\$12,345

UNINSURED MOTORISTS

CSL

\$

EA ACCIDENT

\$

\$12,345

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\$12,345

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\$12,345

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\$12,345

BI

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EA PERSON

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\$12,345

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\$12,345

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PD

\$

EA ACCIDENT

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\$12,345

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\$12,345

COMPREHENSIVE

DED

1

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\$12,345

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COLLISION

DED

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ACV UNLESS AMOUNT STATED

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\$12,345

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\$12,345

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\$12,345

TOWING & LABOR

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\$12,345

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\$12,345

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\$12,345

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\$12,345

TRANS EXP/RENTAL RE

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\$12,345

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\$12,345

ADDITIONAL COVERAGES/ENDORSEMENTS (Include limits deductible, premium)

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\$12,345

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\$12,345

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\$12,345

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\$12,345

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POLICY FEE: \$

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\$12,345

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\$12,345

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\$12,345

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\$12,345

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\$12,345

ESTIMATED TOTAL

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\$12,345.67

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\$12,345.67

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\$12,345.67

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\$12,345.67

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\$12,345.67

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DEPOSIT

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BALANCE DUE

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\$12,345.67

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\$12,345.67

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\$12,345.67

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\$12,345.67

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

STD1 >100

GOOD STD1

DRV TRAIN

ACC PREV CSE DATE

DRIVERS LICENSE #/LIC STATE

SOCIAL SECURITY #

12,345

Robin W. Smith

Resident

Male

Single

12/25/2025

Resident

12/25/2025

STD1

Good

Driver

12/25/2025

Resident Drivers

456-45-4567

12,345

Robin W. Smith

Resident

Male

Single

12/25/2025

Resident

12/25/2025

STD2

Good

Driver

12/25/2025

Resident Drivers

456-45-4567

Robin W. Smith

Resident

Male

Single

12/25/2025

Resident

12/25/2025

STD3

Good

Driver

12/25/2025

Resident Drivers

456-45-4567

Robin W. Smith

Resident

Male

Single

12/25/2025

Resident

12/25/2025

STD4

Good

Driver

12/25/2025

Resident Drivers

456-45-4567

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 3 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 NO

AMOUNT OF PROPERTY DAMAGE

12,345

12/25/2025

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

X

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 tempor.	Additional Interest 1
Ad-2	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad-3	X	LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Additional Interest 2
Ad-4				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	Ap-	Ap-
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	not	not

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	not	not

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)	not	with
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost)	X		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	not	Pre-
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)	Em-	ploy-
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	X		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	ploy-	er
5. ANY CAR KEPT AT SCHOOL?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	er	Em-
6. ANY CAR PARKED ON STREET?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		ploy-
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	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
FOR COMPANY USE ONLY	X	12/25/2025
Insurance Binder	X	12/25/2025

BINDER/SIGNATURE

INSURANCE BINDER		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 INS IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY, EXCEPT AS FOLLOWS. 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 10 DAYS NOTICE TO THE INSURED PROVIDED THAT THE NOTICE OF TERMINATION IS EFFECTIVE WITHIN 45 DAYS FROM THE BINDER EFFECTIVE DATE. 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.	
EFFECTIVE DATE For Company 12/25/2025	EXPIRATION DATE 12/25/2025		
TIME 12:01 AM	X		
COVERAGE IS NOT BOUND	NOON		
NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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.			
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 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 BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE MARYLAND AUTOMOBILE INSURANCE FUND 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? Producer How Long Known Applicant	
IF I HAVE SELECTED UNINSURED MOTORISTS LIMITS LOWER THAN MY BODILY INJURY AND/OR PROPERTY DAMAGE LIABILITY LIMITS AND/OR WAIVER OF PERSONAL INJURY PROTECTION, I HAVE ALSO SIGNED THE MARYLAND AUTO SUPPLEMENT. 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	PRODUCER'S SIGNATURE