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ACORD FLORIDA PERSONAL AUTO APPLICATION

DATE: 11/15/2026

PRODUCER

LICENSE #:

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

REGISTERED OWNER IF DIFFERENT FROM ABOVE:

CO/PLAN: Registered Owner Name

POL#: Policy Number

ACCT#: Account Number

EFFECTIVE DATE	EXPIRATION DATE				PAYMENT PLAN
11/15/2026	11/15/2026	DIRECT BILL	X	MAIL POLICY TO AGENT	Payment Plan
		AGENCY BILL	X	MAIL POLICY TO APPL	

RESIDENCE — CURRENT RESIDENCE IS: X OWNED ___ RENTED

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

YRS AT CURR	YRS AT PREV	PREVIOUS ADDRESS (If less than 3 years)	VEH #	GARAGE LOCATION
12,345		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 LEASED	DATE PURCH	NEW/ USED
1	123	123 Main St, San Francisco CA, 94106	Vehicle 1 Registered State	Veh-	11/15	11/15	1 New/U
2	Number		Vehicle 2 Registered State	Veh-	12/25	12/26	2 New/U
3	123	123 Main St, San Francisco CA, 94106	Vehicle 3 Registered State	Veh-	12/25	12/26	3 New/U
4			Vehicle 4 Registered State	Veh-	12/25	12/26	4 New/U

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
1	$12,	Veh-	Veh-	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	50.5%	50.5%	50.5%	50.5%	Vehicle
2	$12,67	Veh-	Veh-	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	50.5%	50.5%	50.5%	50.5%	Vehicle
3	$12,67	Veh-	Veh-	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	50.5%	50.5%	50.5%	50.5%	Vehicle
4	$12,67	Veh-	Veh-	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	50.5%	50.5%	50.5%	50.5%	Vehicle

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS/SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS/SURCHARGES
	X	X	Vehicle 1	Vehicle 1	Vehicle 1		Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1
	X	X	Vehicle 2	Vehicle 2	Vehicle 2		X	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2

COVERAGES/PREMIUMS

COVERAGES	LIMITS OF LIABILITY	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	$ EA ACCIDENT	$ $12,	$ $12,	$ $12,	$ $12,
BODILY INJURY LIABILITY	$ EA PERSON $ EA ACCIDENT	$ $12,67	$ $12,67	$ $12,67	$ $12,67
PROPERTY DAMAGE LIABILITY	$ EA ACCIDENT $ DEDUCTIBLE	$ $12,67	$ $12,67	$ $12,67	$ $12,67
PERSONAL INJURY PROTECTION	$10,000 BASIC; DED APPLIES TO: NAMED INS ONLY X NAMED INS & DEPENDENT RESIDENT RELATIVE; DEDUCTIBLE $250 $500 X $1000 $2000; WORK LOSS EXCL: NAMED INSURED ONLY NAMED INS & DEPENDENT RESIDENT RELATIVE; MILITARY BENEFITS COORD: INCLUDE WORK LOSS EXCLUDE WORK LOSS	$ 345.67	$ $12,67 345.67	$ $12,67 345.67	$ 345.67
EXTENDED PIP	INCLUDE WORK LOSS X EXCLUDE WORK LOSS	$12,	$12,	$12,	$12,
ADDITIONAL PIP	OPTION#: $ INCLUDE WK LOSS X EXCLUDE WK LOSS	$12,67	$12,67	$12,67	$12,67
MEDICAL PAYMENTS	$ EA PERSON	$345.67	$345.67	$345.67	$345.67
UNINS MOTORIST X STKD ___ NON-STKD	BI $ EA PERSON $ EA ACCIDENT	$	$ $12,67	$ $12,67	$ $12,67
COMPREHENSIVE DED	$ $12,	$ $12,	$ $12,67	$ $12,67	$ $12,67
COLLISION DED	$ $12,67	$ $12,67	$ $12,67	$ $12,67	$ $12,67
ACV UNLESS AMOUNT STATED	$ $12,67	$ $12,67	$ $12,67	$ $12,67	$ $12,67
TOWING & LABOR	$ $12,67	$ $12,67	$ $12,67	$ $12,67	$ $12,67
TRANS EXP/RENTAL RE	$ 345.67	$ 345.67	$12	$ $12,67	$ $12,67
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)	POLICY FEE: $	TOTAL PER VEHICLE	$ $12,67	$ $12,67	$ $12,67
		345.67	ESTIMATED TOTAL $ 345.67	DEPOSIT $ 345.67	BALANCE DUE $ 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	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
	Robin W. Smith	Resident 1 Sex	Resident 1 Marital Status	Applicant	11/15/2026	Resident 1 Occupation	Resident 1 Date Licensed				11/15/2026	Resident 1 Drivers License Number and State	456-45-4567
	Robin W. Smith	Resident 2 Sex	Resident 2 Marital Status	Applicant	12/25/2026	Resident 2 Occupation	Resident 2 Date Licensed				12/25/2026	Resident 2 Drivers License Number and State	456-45-4567
	Robin W. Smith	Resident 3 Sex	Resident 3 Marital Status	Applicant	12/25/2026	Resident 3 Occupation	Resident 3 Date Licensed				12/25/2026	Resident 3 Drivers License Number and State	456-45-4567
	Robin W. Smith	Resident 4 Sex	Resident 4 Marital Status	Applicant	12/25/2026	Resident 4 Occupation	Resident 4 Date Licensed				12/25/2026	Resident 4 Drivers License Number and State	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 ____ YEARS? ___ YES X 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
Conviction 1 Driver Number	Accident/Conviction 1 Description	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Accident/Conviction 1 Indicate Below	X		$12,345.67

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ADDITIONAL INTEREST

VEH #			NAME AND ADDRESS	LOAN NUMBER
Vehicle Number	X	ADDL INT	Additional Interest Name and Address	Additional Interest Loan Number
		LOSS PAY		
VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
		LOSS PAY	Second Additional Interest Name and Address	Second 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	123 Main St, San Francisco CA, 94106	(555) 444-3333	12,345	12,345
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	123 Main St, San Francisco CA, 94106	(555) 444-3333	12,345	12,345

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE	ASSIGNED RISK?
Prior Carrier and Producer	12,345	Prior Policy Number/Expiration Date	X YES ___ NO

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		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	X	
			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)	X	
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost)	X		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	X	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	X	
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	X	
5. ANY CAR KEPT AT SCHOOL?	X				
6. ANY CAR PARKED ON STREET?	X		15. IS THIS BROKERED BUSINESS TO THE AGENT?	X	
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	X		16. HAS AGENT INSPECTED VEHICLE?	X	
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	X		17. ANY DRIVER 55 OR OLDER COMPLETE AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?	X	
9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	X				

REMARKS

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FOR COMPANY USE ONLY
11/15/2026

ATTACHMENTS

X	STATE SUPPLEMENT
X	NO-FAULT APPLICATION
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	Company Use Only Field 1
X	Company Use Only Field 2

BINDER/SIGNATURE

INSURANCE BINDER			
EFFECTIVE DATE	EXPIRATION DATE		
Insurance Binder Name	11/15/2026		
TIME		X	12:01 AM
Binder Time			NOON
e is Not Bound Label	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 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 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? Producer Statement How Long Have You Known This Applicant

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN $10,000/$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE SELECTED OPTIONS 2, 4 OR 5, THEN I HAVE ALSO SIGNED THE STATE SUPPLEMENT FOR REJECTION OF UNINSURED MOTORIST COVERAGE AND/OR NON-STACKED COVERAGE.

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		DATE	PRODUCER'S SIGNATURE	