

ACORD

FLORIDA PERSONAL AUTO APPLICATION

DATE  
12/25/2025

PRODUCER

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

NAIC CODE  
NAIC Code

TELEPHONE NUMBER  
(555) 444-3333

LICENSE #:

CODE:

SUBCODE:

AGENCY CUSTOMER ID

REGISTERED OWNER IF DIFFERENT FROM ABOVE:

CO/PLAN  
Registered Owner Name

POL#: Policy Number

ACCT#: Account Number

EFFECTIVE DATE  
12/25/2025

EXPIRATION DATE  
12/25/2025

DIRECT BILL AGENCY BILL

MAIL POLICY TO AGENT MAIL POLICY TO APPL

PAYMENT PLAN  
Payment Plan

RESIDENCE

CURRENT RESIDENCE IS

OWNED

RENTED

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

YRS AT CURR ADDR

PREVIOUS ADDRESS (If less than 3 years)

VEH #

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
Vehicle 1 Number	2025	2025 Main St, San Francisco CA, 94106	Vehicle 1 Registered State	Veh-	12/25	12/25	1 New/U
Vehicle 2 Number			Vehicle 2 Registered State	Veh-	12/25	12/25	2 New/U
Vehicle 3 Number	2025	2025 Main St, San Francisco CA, 94106	Vehicle 3 Registered State	Veh-	12/25	12/25	3 New/U
			Vehicle 4 Registered State	Veh-	12/25	12/25	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
Vehicle 1 Year	2025	Veh-	Veh-	Vehicle 1	1	Days	Vehicle 1	1	Days	Vehicle 1	1	Days	Vehicle 1	1	Days	Vehicle 1
Vehicle 2 Year	2025	Veh-	Veh-	Vehicle 2	2	Days	Vehicle 2	2	Days	Vehicle 2	2	Days	Vehicle 2	2	Days	Vehicle 2
Vehicle 3 Year	2025	Veh-	Veh-	Vehicle 3	3	Days	Vehicle 3	3	Days	Vehicle 3	3	Days	Vehicle 3	3	Days	Vehicle 3
Vehicle 4 Year	2025	Veh-	Veh-	Vehicle 4	4	Days	Vehicle 4	4	Days	Vehicle 4	4	Days	Vehicle 4	4	Days	Vehicle 4

VEH	PASSIVE SEAT BELT	AIRBAG DRIVER	ANTI-LOCK BRAKES 2/4	ANTI-THIEF DEVICES	CREDITS/SURCHARGES	PASSIVE SEAT BELT	AIRBAG DRIVER	ANTI-LOCK BRAKES 2/4	ANTI-THIEF DEVICES	CREDITS/SURCHARGES
Vehicle 1	X	X	X	Vehicle 1	Vehicle 1	X	X	X	Vehicle 2	Vehicle 2
Vehicle 2	X	X	X	Vehicle 2	Vehicle 2	X	X	X	Vehicle 3	Vehicle 3
Vehicle 3	X	X	X	Vehicle 3	Vehicle 3	X	X	X	Vehicle 4	Vehicle 4
Vehicle 4	X	X	X	Vehicle 4	Vehicle 4	X	X	X	Vehicle 4	Vehicle 4

COVERAGES/PREMIUMS

LIMITS OF LIABILITY

COVERAGES	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000
BODILY INJURY LIABILITY	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67
PROPERTY DAMAGE LIABILITY	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67
PERSONAL INJURY PROTECTION	\$ 45.67	\$ 42,67	\$ 42,67	\$ 345.67
EXTENDED PIP	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000
ADDITIONAL PIP	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67
MEDICAL PAYMENTS	\$ 345.67	\$ 42,67	\$ 42,67	\$ 42,67
COMPREHENSIVE	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000
COLLISION	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67
ACV UNLESS AMOUNT STATED	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67
TOWING & LABOR	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67
TRANS EXP/RENTAL RE	\$ 345.67	\$ 345.67	\$ 345.67	\$ 345.67
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67
POLICY FEE: \$	345.67	345.67	345.67	345.67
ESTIMATED TOTAL	\$ 42,67	\$ 42,67	\$ 42,67	\$ 42,67
DEPOSIT	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67
BALANCE DUE	\$ 345.67	\$ 345.67	\$ 345.67	\$ 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 GOOD DRV >100	STDT TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Robin W. Smith	Resident 1	Married	Spouse	12/25/2025	Resident 1	12/25/2025	12/25/2025	12/25/2025	12/25/2025	Resident 1 Drivers	456-45-4567
2	Robin W. Smith	Resident 2	Married	Spouse	12/25/2025	Resident 2	12/25/2025	12/25/2025	12/25/2025	12/25/2025	Resident 2 Drivers	456-45-4567
3	Robin W. Smith	Resident 3	Married	Spouse	12/25/2025	Resident 3	12/25/2025	12/25/2025	12/25/2025	12/25/2025	Resident 3 Drivers	456-45-4567
4	Robin W. Smith	Resident 4	Married	Spouse	12/25/2025	Resident 4	12/25/2025	12/25/2025	12/25/2025	12/25/2025	Resident 4 Drivers	456-45-4567

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

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE
1	12/25/2025	Accident/Conviction 1	Accident/Conviction 1 Indicate	X	\$12,345.67

ACORD 99 FL (2/98)

PLEASE COMPLETE REVERSE SIDE

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ADDITIONAL INTEREST

VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Vehicle		LOSS PAY	Additional Interest Name and Address	Additional Interest
VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
le		LOSS PAY	Second Additional Interest Name and Address	Second Additional

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,	12,
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,	12,

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 <input type="checkbox"/> 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	
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl 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		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

FOR COMPANY USE ONLY	ATTACHMENTS
12/25/2025	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
	X Company Use Only

BINDER/SIGNATURE

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE 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	
TIME	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.
X 12:01 AM	
NOON	
COVERAGE IS NOT BOUND	
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
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