



TEXAS PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)
12/25/2025

PRODUCER		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE NAIC Code	
Producer		123 Main St, San Francisco CA, 94106		TELEPHONE NUMBER (555) 444-3333	
CODE:		SUBCODE:		CO/PLAN Coplan	
AGENCY CUSTOMER ID				POL#:	
				ACCT#: Policy Number	
		EFFECTIVE DATE 12/25/2025		EXPIRATION DATE 12/25/2025	
		ACCT# \$ Profit		ACCT# \$ Suffer	
		DIRECT BILL		PAYMENT PLAN Payment Plan	
		AGENCY BILL			
RESIDENCE		CURRENT RESIDENCE IS		GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT CURR		ADD PREVIOUS ADDRESS (If less than 3 years)		VEH #	
X		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 PURCH	NEW/USED		
1	Vehicle 1 Year	Vehicle 1 Make Model Body Type												Vehicle 1 VIN/Registered State						Vehicle 1 HP/CC	Vehicle 1 Date Purch	Vehicle 1 New/Used		
2	Vehicle 2 Year	Vehicle 2 Make Model Body Type												Vehicle 2 VIN/Registered State						Vehicle 2 HP/CC	Vehicle 2 Date Purch	Vehicle 2 New/Used		
3	Vehicle 3 Year	Vehicle 3 Make Model Body Type												Vehicle 3 VIN/Registered State						Vehicle 3 HP/CC	Vehicle 3 Date Purch	Vehicle 3 New/Used		
4	Vehicle 4 Year	Vehicle 4 Make Model Body Type												Vehicle 4 VIN/Registered State						Vehicle 4 HP/CC	Vehicle 4 Date Purch	Vehicle 4 New/Used		
VEH	CLASS	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	Vehicle 1 Year	Vehicle 1 New	Vehicle 1 Symbol	Vehicle 1 Terr	Vehicle 1 Mile 1 Way	Vehicle 1 # Days	Vehicle 1 # Wks	Vehicle 1 Usage	Vehicle 1 Per-Form	Vehicle 1 Multi-Car	Vehicle 1 Car Pool	Vehicle 1 Gar-Aged	Vehicle 1 Odometer	Vehicle 1 Annual	Vehicle 1 Govern	Vehicle 1 Driver	Vehicle 1 50.3%	Vehicle 1 50.3%	Vehicle 1 50.3%	Vehicle 1 50.3%	Vehicle 1 Class			
2	Vehicle 2 Year	Vehicle 2 New	Vehicle 2 Symbol	Vehicle 2 Terr	Vehicle 2 Mile 1 Way	Vehicle 2 # Days	Vehicle 2 # Wks	Vehicle 2 Usage	Vehicle 2 Per-Form	Vehicle 2 Multi-Car	Vehicle 2 Car Pool	Vehicle 2 Gar-Aged	Vehicle 2 Odometer	Vehicle 2 Annual	Vehicle 2 Govern	Vehicle 2 Driver	Vehicle 2 50.3%	Vehicle 2 50.3%	Vehicle 2 50.3%	Vehicle 2 50.3%	Vehicle 2 Class			
3	Vehicle 3 Year	Vehicle 3 New	Vehicle 3 Symbol	Vehicle 3 Terr	Vehicle 3 Mile 1 Way	Vehicle 3 # Days	Vehicle 3 # Wks	Vehicle 3 Usage	Vehicle 3 Per-Form	Vehicle 3 Multi-Car	Vehicle 3 Car Pool	Vehicle 3 Gar-Aged	Vehicle 3 Odometer	Vehicle 3 Annual	Vehicle 3 Govern	Vehicle 3 Driver	Vehicle 3 50.3%	Vehicle 3 50.3%	Vehicle 3 50.3%	Vehicle 3 50.3%	Vehicle 3 Class			
4	Vehicle 4 Year	Vehicle 4 New	Vehicle 4 Symbol	Vehicle 4 Terr	Vehicle 4 Mile 1 Way	Vehicle 4 # Days	Vehicle 4 # Wks	Vehicle 4 Usage	Vehicle 4 Per-Form	Vehicle 4 Multi-Car	Vehicle 4 Car Pool	Vehicle 4 Gar-Aged	Vehicle 4 Odometer	Vehicle 4 Annual	Vehicle 4 Govern	Vehicle 4 Driver	Vehicle 4 50.3%	Vehicle 4 50.3%	Vehicle 4 50.3%	Vehicle 4 50.3%	Vehicle 4 Class			
VEH	PASSIVE SEAT BELT	AIRBAG DRIVER	ANTI-LOCK BRAKES 2/4	CHILD-PROOF DOOR LATCHES	THIEF DEVICES	CREDITS	CREDITS AND SURCHARGES					PASSIVE SEAT BELT	AIRBAG DRIVER	ANTI-LOCK BRAKES 2/4	CHILD-PROOF DOOR LATCHES	THIEF DEVICES	CREDITS	CREDITS AND SURCHARGES					CLASS	
X	X	X	X	X	X	Vehicle 1 Credits	Vehicle 1 Credits and Surcharges					X	X	X	X	X	X	Vehicle 2 Credits	Vehicle 2 Credits and Surcharges					Vehicle 2 Class
X	X	X	X	X	X	Vehicle 3 Credits	Vehicle 3 Credits and Surcharges					X	X	X	X	X	X	Vehicle 4 Credits	Vehicle 4 Credits and Surcharges					Vehicle 4 Class

COVERAGES/PREMIUMS- Civil Theft and Surcharges					Civil Theft and Surcharges				
COVERAGES					VEHICLE #				
LIMITS OF LIABILITY					VEHICLE #				
SINGLE LIMIT LIABILITY (CSL)					VEHICLE #				
BODILY INJURY LIABILITY					VEHICLE #				
PROPERTY DAMAGE LIABILITY					VEHICLE #				
PERSONAL INJURY PROTECTION					VEHICLE #				
MEDICAL PAYMENTS					VEHICLE #				
UNINSURED/UNDERINSURED MOTORISTS					VEHICLE #				
COMPREHENSIVE					VEHICLE #				
OTHER THAN COLLISION					VEHICLE #				
COLLISION					VEHICLE #				
ACV UNLESS AMOUNT STATED					VEHICLE #				
TOWING & LABOR					VEHICLE #				
TRANS EXP/RENTAL RE					VEHICLE #				
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)					VEHICLE #				
TOTAL PER VEHICLE					VEHICLE #				
ESTIMATED TOTAL					VEHICLE #				
DEPOSIT					VEHICLE #				
BALANCE DUE					VEHICLE #				

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]													
#	NAME	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD STDT	DRV TRN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Robin W. Smith	Resident 1	Related	Spouse	5/1/1951	Resident	Resident 1	1	Valid	12/25/15	None	Resident 1 Drivers	456-45-4567
2	Robin W. Smith	Resident 2	Related	Spouse	5/1/1951	Resident	Resident 2	2	Valid	12/25/15	None	Resident 2 Drivers and	456-45-4567
3	Robin W. Smith	Resident 3	Related	Spouse	5/1/1951	Resident	Resident 3	3	Valid	12/25/15	None	Resident 3 Drivers and	456-45-4567
	Robin W. Smith	Resident 4	Related	Spouse	5/1/1951	Resident	Resident 4	4	Valid	12/25/15	None	Resident 4 Drivers and	456-45-4567

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)									
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			
Ac-ci-	Conviction 1 Type	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	\$12,345.67	X		\$12,345.67			

ADDITIONAL INTEREST

VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Additional Interest 1		LOSS PAY	Additional Interest 1 Name and Address	Additional Interest 1 Loan Number
VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Additional Interest 2		LOSS PAY	Additional Interest 2 Name and Address	Additional Interest 2 Loan Number

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER	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	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 Prior Carrier and Producer	# OF YEARS W/ COMPANY 12,345	PRIOR POLICY NUMBER/EXPIRATION DATE Prior Policy Number/Expiration Date	ASSIGNED RISK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)	X		
				10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	X		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)	X			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?	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

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	X	STATE SUPPLEMENT	X	MOTOR VEHICLE REPORT
	X	NO-FAULT APPLICATION	X	PHOTOGRAPH
	X	YOUNG DRIVER QUESTIONNAIRE	X	BILL OF SALE
	X	DRIVER TRAINING CERTIFICATE	X	Good Student
	X	GOOD STUDENT CERTIFICATE	X	Verified & Detailed
FOR COMPANY USE ONLY		Anti-Theft Device Certificate Details	X	Anti-Theft Device
For Company Use Only		Medical Statement Details Entry	X	Verified & Additional

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 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.
EFFECTIVE DATE 12/25/2025	EXPIRATION DATE 12/25/2025		
TIME Insurance Binder Time X	X	12:01 AM	
		NOON	
COVERAGE IS NOT BOUND			

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU 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 I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. 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?		How Long Have You Known The Applicant?
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.				
1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION.			_____	(INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY.			_____	(INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY.			_____	(INITIALS)
I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE.			_____	(INITIALS)
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 (MM/DD/YY)	PRODUCER'S SIGNATURE	