

<b><u>ACORD</u><sub>TM</sub> MINNESOTA PERSONAL AUTO APPLICATION</b>	DATE
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PRODUCER   Producer	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	
	CO/PLAN Coplan					POL#: Policy Number						
						ACCT#: Account Number						
CODE:  AGENCY CUSTOMER ID	SUBCODE:		EFFECTIVE DATE 12/25/2025		EXPIRATION DATE 12/25/2025		<input checked="" type="checkbox"/>	DIRECT BILL  AGENCY BILL	<input type="checkbox"/>  <input type="checkbox"/>	MAIL POLICY TO AGENT  MAIL POLICY TO APPL	PAYMENT PLAN  Payment Plan	

RESIDENCE		CURRENT RESIDENCE IS	<input checked="" type="checkbox"/> OWNED	<input type="checkbox"/> RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT CURR	ADDR PREV	PREVIOUS ADDRESS (If less than 3 years)			VEH #	
1	Vehicle 1	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	2015	Vehicle 1 Make, Model and Body Type	Vehicle 1 VIN/Registered State	Veh-	12/25	Vehicle 1	1 New
2	2015	Vehicle 2 Make, Model and Body Type	Vehicle 2 VIN/Registered State	Veh-	12/25	Vehicle 2	2 New
3	2015	Vehicle 3 Make, Model and Body Type	Vehicle 3 VIN/Registered State	Veh-	12/25	Vehicle 3	3 New
4	2015	Vehicle 4 Make, Model and Body Type	Vehicle 4 VIN/Registered State	Veh-	12/25	Vehicle 4	4 New

VEH	VEH 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
	Year	Veh-	Veh-	Veh-	Ve-	Veh-	Vehicle	Performance	Multi-Car	Car Pool	GAR-AGED	ODOMETER READING	Vehicle	Ve-	50.3% 50. 50.50.3% 50.50.3% 50.3%	Vehicle
	\$42,67	Veh-	Veh-	Veh-	Ch-2	Wks-	Vehicle	Performance	Multi-Car	Car Pool	GAR-AGED	ODOMETER READING	Vehicle	Ve-	50.3% 3% 50.50.3% 3% 50.3%	Vehicle
	\$42,67	Veh-	Veh-	Veh-	Ch-	Wks-	Vehicle	Performance	Multi-Car	Car Pool	GAR-AGED	ODOMETER READING	Vehicle	Ve-	50.3% 3% 50.50.3% 3% 50.3%	Vehicle
	\$42,67	Veh-	Veh-	Veh-	Ch-	Wks-	Vehicle	Performance	Multi-Car	Car Pool	GAR-AGED	ODOMETER READING	Vehicle	Ve-	50.3% 3% 50.50.3% 3% 50.3%	Vehicle
	\$42,67	Veh-	Veh-	Veh-	Ch-	Wks-	Vehicle	Performance	Multi-Car	Car Pool	GAR-AGED	ODOMETER READING	Vehicle	Ve-	50.3% 3% 50.50.3% 3% 50.3%	Vehicle
VEH	PASSIVE SEAT BELT	AIRBAG DR/FRONT	ANTI-LOCK BRAKES 2/4	ANTI-THIEF DEVICES	CREDITS AND SURCHARGES	PASSIVE SEAT BELT	AIRBAG DR/FRONT	ANTI-LOCK BRAKES 2/4	ANTI-THIEF DEVICES	CREDITS AND SURCHARGES	CLASS					
	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle 1 Credits	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle 1 Credits	Vehicle					
	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle 3 Credits	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle 3 Credits	Vehicle					

COVERAGES, PREMIUMS, Deductibles, Limits, and Surcharges										Back-End Deductibles and Surcharges					
COVERAGES		PREMIUMS		Deductibles		Limits		Surcharges		Back-End Deductibles		Surcharges			
Passenger	Vehicle	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount		
SINGLE UNIT LIABILITY (SEL)	es 24	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000		
BODILY INJURY LIABILITY		\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000		
PROPERTY DAMAGE LIABILITY		\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000		
PERSONAL INJURY PROTECTION (PIP)		\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
		\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED	\$100 MED EXP DED		
		\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED	\$100 MED EXP DED AND \$200 WORK LOSS DED		
		WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER	WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER		
ADDITIONAL PIP		\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
UNINSURED/UNDERINSURED MOTORISTS	BI	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
COMPREHENSIVE	DED	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
COLLISION	DED	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
ACV UNLESS AMOUNT STATED		\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
TOWING & LABOR		\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
TRANS EXP/RENTAL RE		\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
Additional		\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67		
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)										TOTAL PER VEHICLE		ESTIMATED TOTAL		BALANCE DUE	
COVERAGES/ENDORSEMENTS										TOTAL PER VEHICLE		ESTIMATED TOTAL		BALANCE DUE	
COVERAGES/ENDORSEMENTS										TOTAL PER VEHICLE		ESTIMATED TOTAL		BALANCE DUE	

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	STD >100	GOOD STD	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
	Robin W. Smith	Driver 1	Married	Spouse	16/2/1951	Driver	Driver 1	Good	Std	Train	1/1/15	Driver 1 License	456-45-4567
	Robin W. Smith	Driver 2	Married	Spouse	16/2/1951	Driver	Driver 2	Good	Std	Train	1/1/15	Driver 2 License	456-45-4567
	Robin W. Smith	Driver 3	Married	Spouse	16/2/1951	Driver	Driver 3	Good	Std	Train	1/1/15	Driver 3 License	456-45-4567
	Robin W. Smith	Driver 4	Married	Spouse	16/2/1951	Driver	Driver 4	Good	Std	Train	1/1/15	Driver 4 License	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?						<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	B I OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE			
ction	D12/25/2025ber	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	X		\$12, 345.67			

ADDITIONAL INTEREST

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

EMPLOYMENT INFORMATION ( This information will not be used to deny coverage;\* If less than 2 years, provide name of previous employer and previous occupation under Remark

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 6a-	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	pic- with Vea-	hca- with Pee-
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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	ny	9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	X	with
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups and indicate cost)	X		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED WITHIN THE LAST 10 YRS?	X	Pre-
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (If yes, explain how impairment is compensated for)	X	pl-
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	X		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	X	Em-
5. ANY CAR KEPT AT SCHOOL?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	X	pl-
6. ANY CAR PARKED ON STREET?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	X	pl-
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	PHOTOGRAPH
	X	DRIVER TRAINING CERTIFICATE	X	BILL OF SALE
	X	GOOD STUDENT CERTIFICATE	X	Good Student Questionnaire
	X	ANTI-THEFT DEVICE CERTIFICATE	X	Anti-Theft Device
	X	MEDICAL STATEMENT	X	Medical Statement
	X	MOTOR VEHICLE REPORT	X	Motor Vehicle Report

FOR COMPANY USE ONLY

For Company Use Only	Attachment Label
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BINDER/SIGNATURE

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE 12/25/2025	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.
EXPIRATION DATE 12/25/2025	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.
TIME Binder Time	
X	COVERAGE IS NOT BOUND

NOTICE TO THE APPLICANT: THE FAIR CREDIT REPORTING ACT REQUIRES THAT WE ADVISE YOU THAT THE COMPANY MAY ORDER AN INVESTIGATIVE CONSUMER REPORT AS PART OF THE UNDERWRITING PROCESS. IF SUCH A REPORT IS ORDERED, THE COMPANY WILL NOTIFY YOU. YOU HAVE THE RIGHT TO REQUEST INFORMATION ON THE NATURE AND SCOPE OF SUCH A REPORT. ANY INFORMATION DEVELOPED WILL BE HELD IN THE STRICTEST CONFIDENCE. YOU ALSO HAVE THE RIGHT TO SEE YOUR PERSONAL RECORDS, AND TO CORRECT ERRONEOUS PERSONAL INFORMATION CONTAINED THEREIN.

X COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

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.

A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE  
Robin W. Smith  
APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.

HOW LONG HAVE YOU KNOWN THE APPLICANT?  
How Long Have You Known Applicant?

I ACKNOWLEDGE I HAVE BEEN GIVEN A COPY OF THE NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW.  
IF I OWN MORE THAN ONE VEHICLE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED "STACKED" PERSONAL INJURY PROTECTION COVERAGE FOR ALL VEHICLES. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.  
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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.

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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