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ACORD™ MINNESOTA PERSONAL AUTO APPLICATION

DATE

PRODUCER

Producer

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

CO/PLAN: Coplan

POL#: Policy Number

ACCT#: Account Number

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

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

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
	2026	Vehicle 1 Make, Model and Body Type	Vehicle 1 VIN/Registered State		11/15/2026	11/15/2026	New
		Vehicle 2 Make, Model and Body Type	Vehicle 2 VIN/Registered State		11/15/2026	11/15/2026	New
		Vehicle 3 Make, Model and Body Type	Vehicle 3 VIN/Registered State		11/15/2026	11/15/2026	New
		Vehicle 4 Make, Model and Body Type	Vehicle 4 VIN/Registered State		11/15/2026	11/15/2026	New

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
	$12,345.67	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	50.3% 50.3% 50.3% 50.3%	Vehicle 1
	$12,345.67	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	50.3% 50.3% 50.3% 50.3%	Vehicle 2
	$12,345.67	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	50.3% 50.3% 50.3% 50.3%	Vehicle 3
	$12,345.67	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	50.3% 50.3% 50.3% 50.3%	Vehicle 4

VEH	PASSIVE SEAT BELT	AIRBAG DRIVER	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	PASSIVE SEAT BELT	AIRBAG DRIVER	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1 Credits and Surcharges	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2 Credits and Surcharges

COVERAGES/PREMIUMS

COVERAGE	LIMITS OF LIABILITY	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	EA ACCIDENT	$ $12,345.67	$ $12,345.67	$ $12,345.67	$ $12,345.67
BODILY INJURY LIABILITY	$25 EA PERSON $ EA ACCIDENT	$12,345.67	$12,345.67	$12,345.67	$12,345.67
PROPERTY DAMAGE LIABILITY	EA ACCIDENT	$12,345.67	$12,345.67	$12,345.67	$12,345.67
	$12,345.67 X NON-STACKED (PIP) COMBINED PIP (STACKED)	$12,345.67	$12,345.67	$12,345.67	$12,345.67
PERSONAL INJURY PROTECTION (PIP)	$100 MED EXP DED X $200 WORK LOSS DED $100 MED EXP DED AND $200 WORK LOSS DED X NO DEDUCTIBLE X WORK LOSS EXCL NAMED INS ONLY AGE 65 OR OLDER WORK LOSS EXCL NAMED INS AND FAMILY MEMBERS AGE 65 OR OLDER	$12,345.67	$12,345.67	$12,345.67	$12,345.67
ADDITIONAL PIP	$ WORK LOSS $ ADD'L MED EXP	$12,345.67	$12,345.67	$12,345.67	$12,345.67
UNINSURED/ UNDERINSURED MOTORISTS BI	$ EA PERSON $ EA ACCIDENT	$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
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
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
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
TRANS EXP/RENTAL RE	$ 345.67 $12,345.67	$ 345.67 $12,345.67	$ 345.67 $12,345.67	$ 345.67 $12,345.67	$12,345.67	$12,345.67	$12,345.67	$12,345.67
Additional Coverages/Endorsements	345.67	345.67	345.67	345.67	$12,345.67	$12,345.67	$12,345.67	$12,345.67
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)	POLICY FEE $ 345.67	TOTAL PER VEHICLE $ 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 Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1	Driver 1 License	456-45-4567
	Robin W. Smith Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2	Driver 2 License	456-45-4567
	Robin W. Smith Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3	Driver 3 License	456-45-4567
	Robin W. Smith Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	Driver 4	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 2026 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	BI OR DEATH NO	AMOUNT OF PROPERTY DAMAGE
	11/15/2026	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	X			$12,345.67

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ADDITIONAL INTEREST

VEH #		NAME AND ADDRESS	LOAN NUMBER
	ADDL INT LOSS PAY	123 Main St, San Francisco CA, 94106	Additional Interest Loan Number 1
	ADDL INT LOSS PAY	123 Main St, San Francisco CA, 94106	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 Remarks

	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL
APPLICANT'S EMPLOYER (State nature of business if self-employed) Applicant's Employer Name	123 Main St, San Francisco CA, 94106	(555) 444-3333	Applicant Years with Current Employer	Applicant Years with Previous Employer
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed) Co-Applicant's Employer Name	123 Main St, San Francisco CA, 94106	(555) 444-3333	Co-Applicant Years with Current Employer	Co-Applicant Years with Previous Employer

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
Prior Carrier and Producer	Years with Prior Company	Prior Policy Number/Expiration Date

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	
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	
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) (List driver numbers)	X	
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	X		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	X	
5. ANY CAR KEPT AT SCHOOL?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	X	
6. ANY CAR PARKED ON STREET?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	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.

ATTACHMENTS

X	STATE SUPPLEMENT	X	PHOTOGRAPH
X	DRIVER TRAINING CERTIFICATE	X	BILL OF SALE
X	GOOD STUDENT CERTIFICATE	X	YOUNG DRIVER QUESTIONNAIRE Good Student Certificate
X	ANTI-THEFT DEVICE CERTIFICATE	X	Anti-Theft Device Certificate
X	MEDICAL STATEMENT	X	Medical Statement Attachment Label
X	MOTOR VEHICLE REPORT	X	Motor Vehicle Report Attachment Label

FOR COMPANY USE ONLY
For Company Use Only

BINDER/SIGNATURE

INSURANCE BINDER			
EFFECTIVE DATE	EXPIRATION DATE		
11/15/2026	11/15/2026		
TIME		X	12:01 AM
Binder Time			NOON
X	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 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.

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 APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.
Robin W. Smith

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	