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ACORD SOUTH DAKOTA PERSONAL AUTO APPLICATION

DATE: 11/15/2026

PRODUCER
Producer

CODE: SUBCODE:

AGENCY CUSTOMER ID
Agency Customer ID and Code/Subcode

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: Registered Owner If Different From Above

CO/PLAN: Registered Owner If Different From Above

POL#: COPLAN

ACCT#: POL#

EFFECTIVE DATE: 11/15/2026 | EXPIRATION DATE: 11/15/2026 | ACCT# Direct Bill | DIRECT BILL: X | AGENCY BILL | MAIL POLICY TO AGENT: X | MAIL POLICY TO APPL | PAYMENT PLAN: Payment Plan

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	12,345	123 Main St, San Francisco CA, 94106	12,345	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
12,345	12,345	123 Main St, San Francisco CA, 94106	Vehicle 1 VIN/Registered State	Veh-	11/15	11/15	New/U
12,345	12,345	123 Main St, San Francisco CA, 94106	Vehicle 2 VIN/Registered State	Vehi-	11/15	11/15	New/U
12,345	12,345	123 Main St, San Francisco CA, 94106	Vehicle 3 VIN/Registered State	Vehi-	11/15	11/15	New/U
12,345	12,345		Vehicle 4 VIN/Registered State	Vehi-	11/15	11/15	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
12,345	$12,345.67	Veh-	Veh-	12,345	12,345	12,345	Veh	Veh	Veh	Veh	Veh	12,345	12,345	Ve-	50.3% 50.3%	Vehicle
12,345	$12,345.67	Vehi-	Vehi-	12,345	12,345	12,345	Vehi	Vehi	Vehi	Vehi	Vehi	12,345	12,345	Vehi-	50.3% 50.3%	Vehicle
12,345	$12,345.67	Vehi-	Vehi-	12,345	12,345	12,345	Vehi	Vehi	Vehi	Vehi	Vehi	12,345	12,345	Vehi-	50.3% 50.3%	Vehicle
12,345	$12,345.67	Veh-	Veh-	12,345	12,345	12,345	Veh	Veh	Veh	Veh	Veh	12,345	12,345	Veh-	50.3% 50.3%	Vehicle

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
	Vehic-	Vehic-	Vehic-	Vehicle 1	Vehicle 1 Credits and Surcharges
	Vehic-	Vehic-	Vehic-	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		$ 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
SUPPLEMENTAL AUTO COVERAGES		$ Supplemental/Auto Coverages		$ 345.67	$ 345.67	$ 345.67	$ 345.67
AUTO DEATH BENEFITS		$12,345.67 $ 10,000 EA PERSON		$	$	$	$
TOTAL DISABILITY BENEFITS		$12,345.67 $ 60 PER PERSON - GAINFULLY EMPL	$12,345.67 $ 30 PER PERS - NOT GAINFULLY EMPL				
MEDICAL PAYMENTS		$ EA PERSON		$ $12,345.67	$ $12,345.67	$ $12,345.67	$ $12,345.67
UNINSURED MOTORISTS	CSL	$ EA ACCIDENT		$ $12,345.67	$ $12,345.67	$ $12,345.67	$ $12,345.67
	BI	$ EA PERSON	$ EA ACCIDENT	345.67	345.67	345.67	345.67
UNDERINSURED MOTORISTS	CSL	$ EA ACCIDENT		$	$ $12,345.67	$ $12,345.67	$ $12,345.67
	BI	$ EA PERSON	$ EA ACCIDENT				
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 / $ $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)		POLICY FEE: $ 345.67	TOTAL PER VEHICLE $ 345.67	$ $12,345.67	$ $12,345.67	$ $12,345.67	$ $12,345.67
				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 #
12,345	Robin W. Smith	Resident 1 Sex	Resident 1 Mar Stat	Applicant	11/15/2026	Resident 1 Occ	Resident 1 Date Lic				11/15/2026	Resident 1 Drivers License #/State	456-45-4567
12,345	Robin W. Smith	Resident 2 Sex	Resident 2 Mar Stat	Applicant	11/15/2026	Resident 2 Occ	Resident 2 Date Lic				11/15/2026	Resident 2 Drivers License #/State	456-45-4567
	Robin W. Smith	Resident 3 Sex	Resident 3 Mar Stat	Applicant	11/15/2026	Resident 3 Occ	Resident 3 Date Lic				11/15/2026	Resident 3 Drivers License #/State	456-45-4567
	Robin W. Smith	Resident 4 Sex	Resident 4 Mar Stat	Applicant	11/15/2026	Resident 4 Occ	Resident 4 Date Lic				11/15/2026	Resident 4 Drivers License #/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? 12,345 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
12,345	Accident/Conviction 1	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Accident/Conviction 1 Compensation	X		$12,345.67

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ADDITIONAL INTEREST

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

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	Applicant's Current Employer	Applicant's Previous Employer
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	Applicant's Current Employer	Applicant's 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? (Incl customized vans/pickups; indicate cost)	X		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		X
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		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

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ATTACHMENTS

X	NO-FAULT APPLICATION	X	MOTOR VEHICLE REPORT
X	YOUNG DRIVER QUESTIONNAIRE	X	PHOTOGRAPH
X	DRIVER TRAINING CERTIFICATE	X	BILL OF SALE
X	GOOD STUDENT CERTIFICATE	X	Anti-Theft Device Certificate Details
X	ANTI-THEFT DEVICE CERTIFICATE	X	Medical Statement Details
X	MEDICAL STATEMENT	X	Company Use Only Details

FOR COMPANY USE ONLY

Company Use Only Field

BINDER/SIGNATURE

INSURANCE BINDER

EFFECTIVE DATE	EXPIRATION DATE
11/15/2026	11/15/2026

TIME		
Binder Time	X	12:01 AM
		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 OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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 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? How Long Have You Known the Applicant

IF I AM APPLYING FOR INSURANCE FOR A SNOWMOBILE, I UNDERSTAND THAT UNINSURED AND UNDERINSURED MOTORISTS COVERAGES ARE AVAILABLE, BUT ARE NOT MANDATORY UNDER SOUTH DAKOTA LAW.

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:

1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION. X (INITIALS)
2. I REJECT THESE COVERAGES ENTIRELY. _____ (INITIALS)

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.

APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	