

12,345,345	123 Main St, San Francisco CA, 94106	Vehicle 1 VIN/Registered State	Veh-12/25	12/25	1	New/L
12,345,345	123 Main St, San Francisco CA, 94106	Vehicle 2 VIN/Registered State	Veh-12/25	12/25	2	New/L
12,345,345	123 Main St, San Francisco CA, 94106	Vehicle 3 VIN/Registered State	Veh-12/25	12/25	3	New/L
12,345,345		Vehicle 4 VIN/Registered State	Veh-12/25	12/25	4	New/L

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	Veh-	Veh-	12,	12,	2,345	Veh-1/Veh-	12,345	12,345	12,345	12,345	12,345	12,345	12,345	50.3%	50.3%	Vehicle
12,345	\$12,345	Veh-	Veh-	325	32,	2,345	Veh-2/Veh-	12,345	12,345	12,345	12,345	12,345	12,345	12,345	50.3%	50.3%	Vehicle
12,345	\$12,345	Veh-	Veh-	325	32,	2,345	Veh-3/Veh-	12,345	12,345	12,345	12,345	12,345	12,345	12,345	50.3%	50.3%	Vehicle
12,345	\$12,345	Veh-	Veh-	325	32,	2,345	Veh-4/Veh-	12,345	12,345	12,345	12,345	12,345	12,345	12,345	50.3%	50.3%	Vehicle
12,345	\$12,345	Veh-	Veh-	325	32,	2,345	Veh-5/Veh-	12,345	12,345	12,345	12,345	12,345	12,345	12,345	50.3%	50.3%	Vehicle
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES						
Vehic-	Vehic-	Vehic-	Vehic-	Vehicle 1	Vehicle 1 Credits	Vehic-	Vehic-	Vehic-	Vehic-	Vehicle 2	Vehicle 2 Credits						
Vehic-	Vehic-	Vehic-	Vehic-	Vehicle 2	Vehicle 2 Credits	Vehic-	Vehic-	Vehic-	Vehic-	Vehicle 3	Vehicle 3 Credits						

COVERAGES AND PREMIUMS						Devices and Surcharges			
Coverages	Type	Limit	Device	Surcharge	Passenger	Airborne	Anti-Theft	Vehicle #	Vehicle #
SINGLE SEAT LIMIT LIABILITY (CSL)	\$		EA ACCIDENT		Seat Driver /Both	Seat Driver /Both	\$ \$12,	\$ \$12,	\$ \$12,
BODILY INJURY LIABILITY	\$		EA PERSON	Limits of Liability	Belt EA Accident	Belt EA Accident	\$ \$42.67	\$ \$42.67	\$ \$42.67
PROPERTY DAMAGE LIABILITY %	\$		EA ACCIDENT		Belt /Both	/Both	\$ \$42.67	\$ \$42.67	\$ \$42.67
SUPPLEMENTAL AUTO COVERAGES							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 EMPLOYED	\$12 345.67 30	PER PERS - NOT GAINFULLY EMPLOYED				
MEDICAL PAYMENTS	\$		EA PERSON				\$ \$12,	\$ \$12,	\$ \$12,
UNINSURED MOTORISTS	CSL	\$	EA ACCIDENT				\$ \$42.67	\$ \$42.67	\$ \$42.67
	BI	\$	EA PERSON	\$	EA ACCIDENT		\$ 345.67	\$ 345.67	\$ 345.67
UNDERINSURED MOTORISTS	CSL	\$	EA ACCIDENT				\$	\$12,	\$12,
	BI	\$	EA PERSON	\$	EA ACCIDENT		\$ 345.67	\$ 345.67	\$ 345.67
COMPREHENSIVE	DED	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,
COLLISION	DED	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
ACV UNLESS AMOUNT STATED		\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
TOWING & LABOR		\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
TRANS EXP/RENTAL RE		\$ 345.67	\$ \$42.67 12	\$ /	\$ \$12,/ \$12	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)				POLICY FEE: \$	345.67	TOTAL PER VEHICLE	\$ \$42.67	\$ \$42.67	\$ \$42.67
				345.67	345.67	ESTIMATED TOTAL	\$ \$12,345.67	DEPOSIT \$ \$12,345.67	BALANCE DUE \$ \$12,345.67

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	STOD >100	GOOD STOD	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
12,34	Robin W. Smith	Resident 1	M	Spouse	5/12/25	pl	Resident 1	Resident 1	2	5	6/12/25	Resident 1 Drivers	456-45-4567
12,34	Robin W. Smith	Resident 2	M	Spouse	5/12/25	pl	Resident 2	Resident 2	2	5	6/12/25	Resident #2 Drivers	456-45-4567
	Robin W. Smith	Resident 3	M	Spouse	5/12/25	pl	Resident 3	Resident 3	2	5	6/12/25	Resident #3 Drivers	456-45-4567
	Robin W. Smith	Resident 4	M	Spouse	5/12/25	pl	Resident 4	Resident 4	2	5	6/12/25	Resident #4 Drivers	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? <u>12,345</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.						
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	B OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE	
12, 34-	Accident/Conviction 1	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Accident/Conviction 1	X	\$12,345.67	

ADDITIONAL INTEREST

VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad-		LOSS PAY	Additional Interest Name and Address	Additional Interest
dition-	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	Loan Number
on-		LOSS PAY	Second Additional Interest Name and Address	Second Additional
al				Interest Loan

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	Ap-	Ap-
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	Not	Not

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY Years	PRIOR POLICY NUMBER/EXPIRATION DATE	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Prior Carrier and Producer	with	Prior Policy Number/Expiration Date	Not	Not

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. ANY CAR KEPT AT SCHOOL?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANY CAR PARKED ON STREET?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. IS THIS BROKERED BUSINESS TO THE AGENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. HAS AGENT INSPECTED VEHICLE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	<input checked="" type="checkbox"/>	NO-FAULT APPLICATION	<input checked="" type="checkbox"/>	MOTOR VEHICLE REPORT
	<input checked="" type="checkbox"/>	YOUNG DRIVER QUESTIONNAIRE	<input checked="" type="checkbox"/>	PHOTOGRAPH
	<input checked="" type="checkbox"/>	DRIVER TRAINING CERTIFICATE	<input checked="" type="checkbox"/>	BILL OF SALE
	<input checked="" type="checkbox"/>	GOOD STUDENT CERTIFICATE	<input checked="" type="checkbox"/>	Anti-Theft Device
	<input checked="" type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE	<input checked="" type="checkbox"/>	Verification of Details
	<input checked="" type="checkbox"/>	MEDICAL STATEMENT	<input checked="" type="checkbox"/>	Detention Company Use

FOR COMPANY USE ONLY

Company Use Only Field	Only Details
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BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION 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	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	<input checked="" type="checkbox"/> 12:01 AM		
Binder Time	NOON		
<input checked="" type="checkbox"/>	COVERAGE IS NOT BOUND		
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
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. <input checked="" type="checkbox"/> (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	