

PRODUCER				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE NAIC Code	
Producer Name  CODE: SUBCODE:  AGENCY CUSTOMER ID				123 Main St, San Francisco CA, 94106		TELEPHONE NUMBER (555) 444-3333			
				CO/PLAN Coplan		POL#:		ACCT#: Policy Number	
EFFECTIVE DATE 12/25/2025		EXPIRATION DATE 12/25/2025		X		DIRECT BILL AGENCY BILL		PAYMENT PLAN Payment Plan	
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 #	
12, 34-				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		
2,345	12,345		123 Main St, San Francisco CA, 94106										123 Main St, San Francisco CA, 94106					12,	12,345	2,34		
2,345	12,345																	325	12,345	2,34		
	12,345		123 Main St, San Francisco CA, 94106										123 Main St, San Francisco CA, 94106					325	12,345	2,34		
	12,345												123 Main St, San Francisco CA, 94106					325	12,345	2,34		
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		
2,345	12,	Veh-	Veh-	Veh-	12,	2,345	5	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	12,345	12,	X	50%	50%	50.3%	50%	50.3%	Vehicle	
2,345	12,67	Veh-	Veh-	Veh-	32,	2,345	5	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	12,345	325	X	50%	50%	50.3%	50%	50.3%	Vehicle	
2,345	12,67	Veh-	Veh-	Veh-	32,	2,345	5	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	12,345	325	X	50%	50%	50.3%	50%	50.3%	Vehicle	
2,345	12,67	Veh-	Veh-	Veh-	32,	2,345	5	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	12,345	325	X	50%	50%	50.3%	50%	50.3%	Vehicle	
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-DEVICES	CREDITS AND SURCHARGES			AGE	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-DEVICES			CREDITS AND SURCHARGES							
	X	X	5yr	Age	Vehicle 1	5 Vehicle 1 Credits			Age	X	X	X	Vehicle 2	Vehicle 2 Credits								
	X	X	5yr	Age	Vehicle 1	Vehicle 3 Credits			X	X	X	Vehicle 1	Vehicle 4 Credits									

COVERAGES/PREMIUMS- rtyDevices						and Surcharges				Device Theft						and Surcharges					
COVERAGES		up		ryDevices		LIMITS OF LIABILITY				VEHICLE #		Device		VEHICLE #		VEHICLE #		VEHICLE #			
SINGLE LIMIT LIABILITY (CSL)		\$		EA ACCIDENT						\$ 12,		\$ 12,		\$ 12,		\$ 12,					
BODILY INJURY LIABILITY		\$		EA PERSON		\$		EA ACCIDENT		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67					
PROPERTY DAMAGE LIABILITY		\$		EA ACCIDENT						\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67					
MEDICAL PAYMENTS		\$		EA PERSON						\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67					
UNINSURED/ UNDERINSURED MOTORISTS		CSL		\$		EA ACCIDENT				345.67		345.67		345.67		345.67					
		BI		\$		EA PERSON		\$		EA ACCIDENT		\$		\$		\$					
		PD		\$		EA ACCIDENT		\$		DEDUCTIBLE		\$		\$ 12,		\$ 12,		\$ 12,			
COMPREHENSIVE		DED		\$ 12,345.67		\$ 12,		\$ 12,		\$ 12,		\$ 12,		\$ 12,		\$ 42,67		\$ 42,67		\$ 42,67	
COLLISION		DED		\$ 12,345.67		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
ACV UNLESS AMOUNT STATED				\$ 12,		\$ 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		\$ 42,67	
TRANS EXP/RENTAL RE				\$ 345.67		\$ 345.67		\$ 345.67		\$ 345.67		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
												\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)								TOTAL PER VEHICLE		\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67					
										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	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 #
2,34	Robin W. Smith	Resident 1	Related	Str/Appl	Resid	12/25/	X				12/25/	Resident 1 Drivers	456-45-4567
2,34	Robin W. Smith	Resident 2	Related	Str/Appl	Resid	12/25/	X				12/25/	Resident 2 Drivers	456-45-4567
2,34	Robin W. Smith	Resident 3	Related	Str/Appl	Resid	12/25/	X				12/25/	Resident 3 Drivers	456-45-4567
2,34	Robin W. Smith	Resident 4	Related	Str/Appl	Resid	12/25/	X				12/25/	Resident 4 Drivers	456-45-4567
	Robin W. Smith	Resident 5	Related	Str/Appl	Resid	12/25/	X				12/25/	Resident 5 Drivers	456-45-4567
	Robin W. Smith	Resident 6	Related	Str/Appl	Resid	12/25/	X				12/25/	Resident 6 Drivers	456-45-4567

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)									
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?									
<div> <div> <input checked="" type="checkbox"/> YES         </div> <div> <input type="checkbox"/> NO         </div> </div> 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			
	12/25/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	123 Main St, San Francisco CA, 94106	X	X	\$12,345.67			

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

## PRIOR COVERAGE

## GENERAL INFORMATION

REMARKSBINDER/SIGNATURE

## NOTICE OF INSURANCE INFORMATION PRACTICES

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.

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
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**ACORD 90 RI (1/97)**