ACORD _™ R	HODE ISLAND	PERSONA	AL AUTO	O APPI	LICATION	DATE	E (MM/DD/YY)	
PRODUCER		APPLICANT'S NAME A	ND MAILING ADDRES	S (Include county				
				NAIC COD				
	123 Main St,	San Francisco	CA. 94106	NAIC				
Producer Name	120 1116 04, 1			NE NUMBER				
					(555)	444-333	13	
		CO/PLAN		POL#:				
CODE:	SUBCODE:	Coplan		асст#: Р	olicy Number			
AGENCY CUSTOMER ID	EFFECTIVE DATE	EXPIRATION DATE	X DIRECT BIL					
		12/25/2025	12/25/2025	AGENCY BI	LL Payment Pla	an		
	ENT RESIDENCE IS X OWNED	RENTED	GARAGE	LOCATION IF	DIFF FROM ABOV	E (Inc cou	unty & ZIP)	
YRS AT ADDR PREVIOUS ADDRE	SS (If less than 3 years)		VEH					
12, 123 Main 9	St, San Francisco CA, 941	06	123 [Main St, Sai	n Francisco CA, 9	4106		
34-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
VEHICLE DESCRIPTION	/USE		TOTAL NUMBE	R OF VEHICLES IN	HOUSEHOLD:			
VEH YEAR	MAKE, MODEL AND BODY TY	PE		VIN/REGISTERE	O STATE	HP/CC	DATE NEW PURCH USE	
2,3452,345 123 Main	St, San Francisco CA, 94°	106	123 Main S	t, San Fran	cisco CA, 94106	12,	12,345 2,34	
2,3452,345						345	12,3452,34	
12,345 123 Main	St, San Francisco CA, 94°	106	123 Main S	t, San Fran	cisco CA, 94106	345	12,345 2,34	
12,345			123 Main 9	St, San Frar	ncisco CA. 94106	325	12,3452,3	
VEH COST NEW SYMBOL AGE GRP TER	R MILE 1 WAY # DAYS # WKS WK/SCHL WEEK MONTH USAGE FO	ER- MULTI- CAR GAR- OD ORM CAR POOL AGED RI	OMETER ANNUA EADING MILEAG	AL GOVERN DR DRIVER	IVER USE % (Each veh mus	t equal 108%	CLASS	
2,34 5 \$12, Veh- Ve		tet liksledegte Februi Hot and E					% Vehicle	
2,34 534 2,67 Notech Note		Cet Lizzledenie Febrielto and @					% Vethäde	
2,34 5342 ,67 Noteth- Note		Bet Betteleine Nobelto and G					% Vettieds	
2,34 5 342,67 Koden- Kode		: let l'abbiente Febration agric	Dicte 12,34				abside %	
	OCK MAGH-THEFT-DEVICES BACKET	DITS AND SURCHARGES AND	PASSIVE AIRB	AG ANTI-LOCK OTH BBAKES 2/4	ANTBIMEFT30EVICES	CREDITS AN	D SURCHARGES	
X X X X X X X X X X X X X X X X X X X		nicle 1 Credits Ag		X	Vehicle 2	Vehicle	2 Credits	
X X Style- King	, ,	di 6 ler 3 h Carrentits	XX	X			4hCanceptits	
COVERAGES/PREMIUM		Surcharges					charges	
COVERAGES UP		LIMITS OF LIABILITY		VEHICI E #		EHICLE #	VEHICLE #	
SINGLE LIMIT LIABILITY (CSL)		CCIDENT		\$ \$12,		\$12.	\$ \$12,	
BODILY INJURY LIABILITY		ERSON \$	EA ACCID	245		\$42, 67	\$ \$42 ,67	
PROPERTY DAMAGE LIABILITY	· ·	CCIDENT	EXTROOLE	\$ \$42 ,6		\$42, 67	\$ \$42, 67	
MEDICAL PAYMENTS	· ·	ERSON		\$ \$42,0		\$42, 67	\$ \$42, 67	
	•	CCIDENT		345.6		345.67	345.67	
UNINSURED/ UNDERINSURED		ERSON \$	EA ACCID	\$	\$ 343.07	545.07	\$ 343.07	
MOTORISTS		CCIDENT \$	DEDUCTIE		s \$12, s	\$12,	\$ \$12,	
COMPREHENSIVE	DED \$12,345.67 \$ \$12		\$ \$12,	\$ \$12,		\$42. 67	\$ \$42 ,67	
	DED \$\$12,345.67 \$ \$4 !					\$42, 67	\$ \$42, 67	
ACV UNLESS AMOUNT STATED	\$\$12, \$ 34					\$42, 67	\$ \$42. 67	
TOWING & LABOR	\$ 342 ,67 \$ 34					\$42, 67	\$ \$42, 67	
TRANS EXP/RENTAL RE	\$ 345.67 \$ 34			\$12 \$ \$42 ,0		\$42, 67	\$ 342 ,67	
MANO LAP/RENTAL RE	0 + 0 / 0 / 0 5 4 / 0	JIUI \$ 343,07	1 343/0	, \$ \$4 2,0		\$42, 67	\$ \$42, 67	
ADDITIONAL COVERAGES/ENDOR	RSEMENTS (Include limit, deductible, pren	nium)	TOTA	, \$ 342,0 \$ \$42,0		\$42, 67	\$ \$42, 67	
	, , , , , , , , , , , , , , , , , , , ,	,			07 \$ 3 42,67 \$			
				.07			545 .07	
DESIDENT & DDIVED IN	FORMATION [List all resider	ite & dependents (lie	ensed or noth	nd regular on	erators]	\$		
		ATE	OTDT GOOD DD	ACC PREV CSE DATE		TATE 5-	OLAL SECURITY "	
# NAME Robin W. Smith	SEX STAT APPLIC OF	BIRTH OCC DATE			DRIVERS LICENSE #/LIC S		00000000000000000000000000000000000000	
2,345Robin W. Smith	Residential National State			12/25/	Resident 1 Drive		56-45-4567	
<i>'</i>	Residentia Blackit State			2025/	Riesidsentad DStrat			
2,345Robin W. Smith 2,345Robin W. Smith	Residential Melaked Stee			20225/	Riesidsen to d DStreet		<u>56-45-4567</u> 56 45 4567	
				20225/	Riesidsent AdDStvet		56-45-4567 56-45-4567	
Robin W. Smith	Residents Stellated Stell			20225/	Riesidsen a 5 dDStvet		56-45-4567 56-45-4567	
Robin W. Smith	Residente 6 Nation 7			20255/	Riesidsen a 6 dDStvet		<u>56-45-4567</u>	
HAS ANY DRIVER SHOWN AROVE	NS (Note: Your driving re@0	CODIS VERDICED OVITA LINE	V		IENTENSE AND Stat	W. ALSO INC	LUDE	
REGARDLESS OF FAULT, OR BE	HAD AN ACCIDENT, EEN CONVICTED OF A MOVING VIOLA		YEARS? X	YES NO	IF YES, INDICATE BELO COMPREHENSIVE INSU PLACE OF	RANCE LOS	SES.	
DRV DATE OF ACCIDENT/CONVICTION		ION OF ACCIDENTOR CONV			PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO		
40 (05 (000	Lorem ipsum dolor sit a	amet, c o nsectetur	adipiscing el		123 Main St, San		\$12,	
12/25/2025	eiusmod tempor.				Francisco CA,	XX	345.67	
					94106			

DEMO Generated by Anvil https://useanvil.com													
ADDITIONAL INTEREST													
VEH # X ADDL INT LOSS PAY Additional Interest 1 Name and Address								Additional Interest					
VeH# X ADDL INT NAME AND ADDRESS Add= LOSS PAY Additional Interest 2 Name and Address								Additional Interest 2					
EMPLOYMENT INFORMATION (* If less than 2 year	re provido par	20.0	fnr	ovious	omple	over and provious	occupat	ion II	Loan Home	Nun	iber		
PPLICANT'S EMPLOYER ADDRE	SS OF EMPLOYMEN	IT O	ı pı	evious	empi	byer and previous	wor	K PHO	NE NUMBER	1 1	(EARS W/	YEARS W	
				n Francisco CA, 94106			(555) 444-3333			CI	JRR EMPL	12,	
Lot t	ADDRESS OF EMPLOYMENT								NE NUMBER	,	ENASW/	YEARS TO	
123 Main St, San Francisco CA, 94106 123 Main St, San Francisco CA, 94106					4106	(555) 444-3333				12,	12,		
RIOR COVERAGE							'				345	345	
RIOR CARRIER AND PRODUCER		,	# OF W/ CC	YEARS MPANY		R POLICY NUMBER/EXPI				ASS	IGNED F	RISK?	
Nor Carrier and Producer			12,	345	Pri	or Policy Numb	er/Expi	ratio	n Date	Χ	YES	NO	
ENERAL INFORMATION													
XPLAIN ALL "YES" RESPONSES IN REMARKS		YES	NO	EXPLAIN	ALL "Y	ES" RESPONSES IN RE	MARKS				,	YES NO	
WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICL	ES	X		9. ANY HOUSEHOLD MEMBER IN MILITARY SERVI					VICE? (Driver number)			X	
NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				10. ANY I	DRIVER	S LICENSE BEEN SUSP	ENDED/REV	OKED?				X	
ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans	s/pickups)	X			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?							Х	
ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)		X			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing							X	
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?				13. HAS I	13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?							Х	
5. ANY CAR KEPT AT SCHOOL?					14. ANY COVERAGE DECLINED, CANCELLED, OR NON- LAST 3 YEARS?				ON-RENEWED DURING THE			X	
6. ANY CAR PARKED ON STREET?												X	
ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provid ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)		X			IS THIS BROKERED BUSINESS TO THE AGENT? HAS AGENT INSPECTED VEHICLE?							X	
REMARKS				10. HAS /		TACHMENTS						Λ	
Lorem ipsum dolor sit amet, consectetur a	diniscina eli	it se	2d (10	X	STATE SUPPLEMENT		X	MOTOR VEHI	ICI F R	FPORT		
eiusmod tempor.				.4 40		X NO-FAULT APPLICATION		X	PHOTOGRAP				
erasinoa tempor.					X	YOUNG DRIVER QUES		X	BILL OF SALE				
					Х	DRIVER TRAINING CE		Х	Χ				
					Х	GOOD STUDENT CER	ΓΙΓΙCATE	Х	Attachr	nen	t -		
OR COMPANY USE ONLY				Х	ANTI-THEFT DEVICE C	ERTIFICATE	Х	Attaitho	neh	t -			
For Company Use Only					X	MEDICAL STATEMENT	•	X	Atteliation	he dh)	tunla	belec	
SINDER/SIGNATURE									B)dSdriip	rtiipolt i	i <mark>an</mark> la	beled	
EFFECTIVE DATE EXPIRATION DATE THIS COMPANY BII 12/25/2025 12/25/2025 TO THE TERMS, CC	NDS THE KIND(S)NDITIONS AND L	S) OF Limit	ATIC	SURANC ONS OF T	E STIF	OLICY(IES) IN CURR	APPLICATI ENT USE E	ON. T BY THE	E COMPANY	′ .			
TIME X 12:01 AM COMPANY STATING COMPANY STATING BY NOTICE TO THE REPLACED BY A P	G WHEN CANCE IE INSURED IN 'OLICY. IF THIS I	ACC BIND	ΓΙΟΝ ORD ER Ι	WILL B ANCE V S NOT F	E EFF /ITH 1 REPLA	SURRENDER OF THE ECTIVE. THIS BIND THE POLICY CONDINCED BY A POLICY,	ER MAY E TIONS. TH THE COM	BE CA HS BI IPANY	NCELLED E NDER IS C IS ENTITLI	BY TH ANCE ED TO	IE CON ELLED O CHA	MPANY WHEN RGE A	
PREMIUM FOR THE						AND RATES IN USE I CESSARY, BY THE O		MPAN	IY. THE QUO	OTED	PREM	IIUM IS	
OTICE OF INSURANCE INFORMATION PRACTICES ERSONAL INFORMATION ABOUT YOU MAY BE COLLE ND PRIVILEGED INFORMATION COLLECTED BY US OI HE RIGHT TO REVIEW YOUR PERSONAL INFORMATI ESCRIPTION OF YOUR RIGHTS AND OUR PRACTICE ROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQU	R OUR AGENTS ON IN OUR FIL S REGARDING	MA` ES A	Y IN AND	CERTAI CAN RE	N CIR	CUMSTANCES BE ST CORRECTION C	DISCLOSE F ANY IN	D TO ACCU	THIRD PAF RACIES. A	RTIES MOR	S. YOU SE DET	HAVE FAILED	
NY PERSON WHO KNOWINGLY AND WITH INTENT TO D CONTAINING ANY MATERIALLY FALSE INFORMATION, O HERETO, COMMITS A FRAUDULENT INSURANCE ACT, W	R CONCEALS FO	OR T	HE F	PURPOS	E OF	MISLEADING INFOR	MATION C	ONCE	RNING AN	FOR FAC	INSUF CT MAT	RANCE FERIAL	
PPLICANT'S STATEMENT: I HAVE READ THE ABOVE OREGOING STATEMENTS ARE TRUE. IN ADDITION, IF HAT I UNDERSTAND THE RATES FOR THIS COVERAGIO OBTAIN COVERAGE DESIRED THROUGH THE NORMAI	THE AUTO PLA E ARE HIGHER	O NA	R C	OMPANY	DES	IGNATED IN THIS A	APPLICATION	ON IS	NON-STAN	IDARI	D, I CE	RTIFY	
RODUCER'S STATEMENT: I CERTIFY TO THE BEST OF M APPLICANT IS THE PERSONA						SIGNATURE OF THE			NG HAVE YOU THE APPLICA		How Have	Long You	
JNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PA	AYMENTS COVER	RAGE	E HA	S BEEN	OFFE		HAVE SEI	ECTE	D THE FOL	LOW	NG ON	PTION:	
I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIM	ITS INDICATED II	N TH	IS AF	PPLICAT	ION	(IN	ITIALS)				This		
. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTII	RETY					(IN	ITIALS)				Ager	nt	
UNDERSTAND THAT THE COVERAGE SELECTION AN POLICY RENEWALS, CONTINUATIONS AND CHANGES UN							SUPPLEME	ENT V	/ILL APPLY	ТО	ALL FU	JTURE	

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE HAS BEEN OFFERED TO ME.

DATE (MM/DD/YY)

X

PRODUCER'S SIGNATURE (INITIALS)

(INITIALS)

IN ADDITION, I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.

IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT.

1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION

APPLICANT'S SIGNATURE

2. I REJECT UM/UIM PD COVERAGE