

ACORD

IDAHO PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)

12/25/2025

PRODUCER

123 Main St, San Francisco CA, 94106

NAIC CODE

NAIC Code

TELEPHONE NUMBER

(555) 444-3333

CO/PLAN

Coplan

POL#:

Policy Number

EFFECTIVE DATE

12/25/2025

EXPIRATION DATE

12/25/2025

ACCT#

Agency Bill

PAYMENT PLAN

Payment Plan

RESIDENCE

CURRENT RESIDENCE IS

OWNED

RENTED

GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)

YRS AT CURR

12, 34

PREVIOUS ADDRESS (If less than 3 years)

123 Main St, San Francisco CA, 94106

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 PURCH

NEW/USED

12, 34

12, 34

Vehicle 1 Make Model Body Type

Vehicle 1 VIN/Registered State

Veh-12, 34

1 New/U

12, 34

12, 34

Vehicle 2 VIN/Registered State

Veh-12, 34

2 New/U

12, 34

12, 34

Vehicle 3 Make Model Body Type

Vehicle 3 VIN/Registered State

Veh-12, 34

3 New/U

12, 34

Vehicle 4 VIN/Registered State

Veh-12, 34

4 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, 34

\$12,

Veh-

Veh-

12, 34

12, 34

Vehicle 1 Make Model Body Type

12, 34

12, 34

Ve-

50.3% 50,

50.3% 50,

50.3% 50,

50.3% Vehicle

12, 34

\$42, 67

Veh-

Veh-

12, 34

12, 34

Vehicle 2 Make Model Body Type

12, 34

12, 34

Ve-

50.3% 50,

50.3% 50,

50.3% 50,

50.3% Vehicle

12, 34

\$42, 67

Veh-

Veh-

12, 34

12, 34

Vehicle 3 Make Model Body Type

12, 34

12, 34

Ve-

50.3% 50,

50.3% 50,

50.3% 50,

50.3% Vehicle

12, 34

\$42, 67

Veh-

Veh-

12, 34

12, 34

Vehicle 4 Make Model Body Type

12, 34

12, 34

Ve-

50.3% 50,

50.3% 50,

50.3% 50,

50.3% Vehicle

VEH

PASSIVE SEAT BELT

AIRBAG DRV/BOTH

ANTI-LOCK BRAKES 2/4

ANTI-THIEF DEVICES

CREDITS AND SURCHARGES

VEH

PASSIVE SEAT BELT

AIRBAG DRV/BOTH

ANTI-LOCK BRAKES 2/4

ANTI-THIEF DEVICES

CREDITS AND SURCHARGES

12, 34

X

X

X

Vehicle 1

5 Vehicle 1 Credits

12, 34

X

X

X

Vehicle 2

Vehicle 2 Credits

12, 34

X

X

X

Vehicle 3

Vehicle 3 Credits

12, 34

X

X

X

Vehicle 4

Vehicle 4 Credits

COVERAGES/PREMIUMS

VEHICLE #

VEHICLE #

VEHICLE #

VEHICLE #

COVERAGES

LIMITS OF LIABILITY

SINGLE LIMIT LIABILITY (CSL)

\$

EA ACCIDENT

12, 34

\$12,

\$12,

\$12,

\$12,

BODILY INJURY LIABILITY

\$

EA PERSON

\$12,345.67

EA ACCIDENT

12, 34

\$42, 67

\$42, 67

\$42, 67

\$42, 67

PROPERTY DAMAGE LIABILITY

\$

EA ACCIDENT

12, 34

\$42, 67

\$42, 67

\$42, 67

\$42, 67

MEDICAL PAYMENTS

\$

EA PERSON

12, 34

\$42, 67

\$42, 67

\$42, 67

\$42, 67

UNINSURED MOTORISTS

CSL

\$

EA ACCIDENT

12, 34

\$42, 67

\$42, 67

\$42, 67

\$42, 67

UNINSURED MOTORISTS

BI

\$

EA PERSON

\$

EA ACCIDENT

12, 34

\$42, 67

\$42, 67

\$42, 67

\$42, 67

UNDERINSURED MOTORISTS

CSL

\$

EA ACCIDENT

12, 34

\$42, 67

\$42, 67

\$42, 67

\$42, 67

UNDERINSURED MOTORISTS

BI

\$

EA PERSON

\$

EA ACCIDENT

12, 34

\$42, 67

\$42, 67

\$42, 67

\$42, 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

TOWING & LABOR

\$

\$42, 67

\$42, 67

\$42, 67

\$42, 67

\$42, 67

\$42, 67

\$42, 67

TRANS EXP/RENTAL RE

\$

\$42, 67

\$345, 67

\$345, 67

\$345, 67

\$345, 67

\$345, 67

\$345, 67

ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)

345

TOTAL PER VEHICLE

\$42, 67

ESTIMATED TOTAL

\$42, 67

DEPOSIT

\$42, 67

BALANCE DUE

\$42, 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

STDY >100

GOOD STDY TRAIN

ACC PREV CSE DATE

DRIVERS LICENSE #/LIC STATE

SOCIAL SECURITY #

12, 34

Robin W. Smith

Resident

1

Male

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident 1 Driver

456-45-4567

12, 34

Robin W. Smith

Resident

2

Male

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident 2 Driver

456-45-4567

12, 34

Robin W. Smith

Resident

3

Male

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident 3 Driver

456-45-4567

Robin W. Smith

Resident

4

Male

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident 4 Driver

456-45-4567

Robin W. Smith

Resident

5

Male

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident

12/25/2025

Resident 5 Driver

456-45-4567

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)

DRV #

DATE OF ACCIDENT/CONVICTION

DESCRIPTION OF ACCIDENT OR CONVICTION

PLACE OF ACCIDENT/CONVICTION

BI OR DEATH YES NO

AMOUNT OF PROPERTY DAMAGE

12, 34

12/25/2025

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

12/25/2025

X

\$12, 345.67

ACORD 90 ID (11/96)

PLEASE COMPLETE REVERSE SIDE

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ADDITIONAL INTEREST

VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad- dri- ve- r	X	LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor	Additional Interest 1
VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad- dri- ve- r	X	LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor	Additional Interest 2

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

APPLICANT'S EMPLOYER	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	12,	12,
CO-APPLICANT'S EMPLOYER	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	12,	12,

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
Prior Carrier and Producer	12,345	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)	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?	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.	X	YOUNG DRIVER QUESTIONNAIRE
	X	DRIVER TRAINING CERTIFICATE
	X	GOOD STUDENT CERTIFICATE
	X	ANTI-THEFT DEVICE CERTIFICATE
	X	MEDICAL STATEMENT
	X	MOTOR VEHICLE REPORT
	X	PHOTOGRAPH
	X	BILL OF SALE
	X	Other Attachment 1
	X	Description Attachment 2

FOR COMPANY USE ONLY

For Company Use Only	Description
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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	X		
Binder Time	12:01 AM		
	NOON		
X	COVERAGE IS NOT BOUND		
NOTICE OF INSURANCE INFORMATION PRACTICES			
PERSONAL INFORMATION ABOUT YOU 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 I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. 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?	Producer Known
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMITS OF MY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.			
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 (MM/DD/YY)	PRODUCER'S SIGNATURE