

ACORD OKLAHOMA PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)
12/25/2025

PRODUCER Producer		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) 123 Main St, San Francisco CA, 94106				NAIC CODE NAIC Code	
CODE: AGENCY CUSTOMER ID		SUBCODE:		CO/PLAN Coplan	POL#:	ACCT#: Policy Number	
		EFFECTIVE DATE 12/25/2025	EXPIRATION DATE 12/25/2025	ACCOUNT NUMBER Account Number	DIRECTOR PREFIX Agency Suffix	PAYMENT PLAN Payment Plan	

RESIDENCE		CURRENT RESIDENCE IS	<input checked="" type="checkbox"/> 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	12,345	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	
1	12,345	Vehicle 1 Make Model Body Type	Vehicle 1 VIN/Registered State		12/25	1 New/U	
2	12,345				12/25	2 New/U	
3	12,345	Vehicle 3 Make Model Body Type	Vehicle 3 VIN/Registered State		12/25	3 New/U	
	12,345		Vehicle 4 VIN/Registered State		12/25	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	
1	\$12,345.67	Veh-	Veh-	12,345	12	2,345	12	1	1	1	1	12,345	12,345	Ve-	50.3%	50.3%	50.3%	50.3%	50.3%	Vehicle
2	\$12,345.67	Veh-	Veh-	12,345	12	2,345	12	1	1	1	1	12,345	12,345	Ve-	50.3%	50.3%	50.3%	50.3%	50.3%	Vehicle
3	\$12,345.67	Veh-	Veh-	12,345	12	2,345	12	1	1	1	1	12,345	12,345	Ve-	50.3%	50.3%	50.3%	50.3%	50.3%	Vehicle
4	\$12,345.67	Veh-	Veh-	12,345	12	2,345	12	1	1	1	1	12,345	12,345	Ve-	50.3%	50.3%	50.3%	50.3%	50.3%	Vehicle

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
1	X	X	X	Vehicle 1	5 Vehicle 1 Credits	2	X	X	X	Vehicle 2	Vehicle 2 Credits
3	X	X	X	Vehicle 3	Vehicle 3 Credits	4	X	X	X	Vehicle 4	Vehicle 4 Credits

COVERAGES	PREMIUMS	DEVICES	and Surcharges	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	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT	\$ Bodily Injury Liability	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
MEDICAL PAYMENTS	\$	EA PERSON	Liability Limits	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
UNINSURED MOTORISTS	CSL \$	EA ACCIDENT		345.67	345.67	345.67	345.67
	BI \$	EA PERSON		\$	\$	\$	\$
COMPREHENSIVE	DED	\$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
ACV UNLESS AMOUNT STATED		\$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
TRANS EXP/RENTAL RE		\$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)				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
TOTAL PER VEHICLE				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
ESTIMATED TOTAL				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
DEPOSIT				345.67	345.67	345.67	345.67
BALANCE DUE				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67

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 DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Robin W. Smith	Resident	1	Related	12/25/2025	Resident	12/25/2025	Resident	1	12/25/2025	Resident 1 Driver	456-45-4567
2	Robin W. Smith	Resident	2	Related	12/25/2025	Resident	12/25/2025	Resident	2	12/25/2025	Resident 2 Driver	456-45-4567
3	Robin W. Smith	Resident	3	Related	12/25/2025	Resident	12/25/2025	Resident	3	12/25/2025	Resident 3 Driver	456-45-4567
	Robin W. Smith	Resident	4	Related	12/25/2025	Resident	12/25/2025	Resident	4	12/25/2025	Resident 4 Driver	456-45-4567
	Robin W. Smith	Resident	5	Related	12/25/2025	Resident	12/25/2025	Resident	5	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						
1	12/25/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Accident Place of Accident/Conviction	X	\$12,345.67						

ADDITIONAL INTEREST

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

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
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? Other Insurance Policy		X

REMARKS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	X	STATE SUPPLEMENT
	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
FOR COMPANY USE ONLY		Description 2
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BINDER/SIGNATURE

INSURANCE BINDER	Binder	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	12/25/2025	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.
EXPIRATION DATE	12/25/2025	
TIME	X 12:01 AM	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.
	X NOON	
COVERAGE IS NOT BOUND		
WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.		
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?	How Long Have You Known the Applicant
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.		
APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE

ACORD 90 OK (10/96)