



### ADDITIONAL INTEREST

VEH #	X	ADDD INT	NAME AND ADDRESS	LOAN NUMBER
Ve-	X	LOSS PAY	Additional Interest Name and Address	Additional Interest
VEH #	X	ADDD 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 Applicant's Employer	ADDRESS OF EMPLOYMENT 123 Main St, San Francisco CA, 94106	WORK PHONE NUMBER (555) 444-3333	YEARS W/ CURR EMPL 12,	YEARS W/ PREV EMPL 12,
CO-APPLICANT'S EMPLOYER Applicant's Employer	ADDRESS OF EMPLOYMENT 123 Main St, San Francisco CA, 94106	WORK PHONE NUMBER (555) 444-3333	YEARS W/ CURR EMPL 12,	YEARS W/ PREV EMPL 12,

## PRIOR COVERAGE

<b>PRIOR CARRIER AND PRODUCER</b> Prior Carrier and Producer	<b># OF YEARS W/ COMPANY</b> 12,345	<b>PRIOR POLICY NUMBER/EXPIRATION DATE</b> Prior Policy Number/Expiration Date
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## 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	
			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	X	
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?	X	
3. 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)?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	X	
5. ANY CAR KEPT AT SCHOOL?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	X	
6. ANY CAR PARKED ON STREET?	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? <b>Other Insurance Policy</b>	X	

## REMARKS

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	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
X	Description of 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	EXPIRATION 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.			
TIME	<input checked="" type="checkbox"/> 12:01 AM	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.			
Not Bound	<input checked="" type="checkbox"/> 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.					
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?	
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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	How Long Have You Known the Applicant	

ACORD 90 OK (10/96)