



TENNESSEE PERSONAL AUTO APPLICATION

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

PRODUCER Producer CODE: AGENCY CUSTOMER ID				SUBCODE: 				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) 123 Main St, San Francisco CA, 94106				NAIC CODE NAIC Code					
								TELEPHONE NUMBER (555) 444-3333									
								CO/PLAN Coplan		POL#: 							
								EFFECTIVE DATE 12/25/2025		EXPIRATION DATE 12/25/2025		ACCT#: Policy Number					
RENTED				GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)				DIRECT BILL AGENCY BILL		PAYMENT PLAN Payment Plan							
RESIDENCE CURRENT RESIDENCE IS				<input checked="" type="checkbox"/> OWNED		RENTED		YRS AT ADDR CURR 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			

5 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		N12,345	Vehicle 1 Make Model Body Type										Vehicle 1 VIN/Registered State								Veh-	Vehicle 1	1 New	
2		N12,345																			Veh-	Vehicle 2	2 New	
3		N12,345	Vehicle 3 Make Model Body Type										Vehicle 3 VIN/Registered State								Veh-	Vehicle 3	3 New	
		12,345											Vehicle 4 VIN/Registered State								Veh-	Vehicle 4	4 New	
VEH	COST NEW		SYMBOL AGE GRP	TERR	MILE 1 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
345	Vehicle	Veh-	12,	12,	Veh-	12,	Veh-	12,	Veh-	12,	Veh-	12,	345	X	50%	50.3%	50%	50%	50.3%	50%	50.3%	Vehicle		
345	Vehicle	Veh-	325	325	Veh-	325	Veh-	325	Veh-	325	Veh-	325	345	X	50%	50.3%	50%	50%	50.3%	50%	50.3%	Vehicle		
345	Vehicle	Veh-	325	325	Veh-	325	Veh-	325	Veh-	325	Veh-	325	345	X	50%	50.3%	50%	50%	50.3%	50%	50.3%	Vehicle		
345	Vehicle	Veh-	325	325	Veh-	325	Veh-	325	Veh-	325	Veh-	325	345	X	50%	50.3%	50%	50%	50.3%	50%	50.3%	Vehicle		
VEH	PASSIVE SEAT BELT		AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	345			ANTI-THEFT DEVICES			CREDITS AND SURCHARGES			VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS AND SURCHARGES			
	Group	X	Geo	X	Vehicle 1			Vehicle 1 Credits				X	X	X	Vehicle 2			Vehicle 2 Credits						
	Group	X	Geo	X	Vehicle 1			Vehicle 1 Credits				X	X	X	Vehicle 2			Vehicle 2 Credits						
	Group	X	Geo	X	Vehicle 1			Vehicle 1 Credits				X	X	X	Vehicle 2			Vehicle 2 Credits						

COVERAGES/PREMIUMS

DeviTeseft Pond Surcharges

Devices and Surcharges

COVERAGES		LIMITS OF LIABILITY				VEHICLE #		VEHICLE #	
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$ 12,	\$ 12,	\$ 12,	\$ 12,
BODILY INJURY LIABILITY	\$	EA PERSON \$ EA ACCIDENT				\$ 12,	\$ 12,	\$ 12,	\$ 12,
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT				\$ 12,	\$ 12,	\$ 12,	\$ 12,
MEDICAL PAYMENTS	\$	EA PERSON				\$ 12,	\$ 12,	\$ 12,	\$ 12,
UNINSURED MOTORISTS	CSL	EA ACCIDENT				345.67	345.67	345.67	345.67
	BI	EA PERSON \$ EA ACCIDENT				\$	\$	\$	\$
	PD	EA ACCIDENT \$ 200 DEDUCTIBLE				\$	\$ 12,	\$ 12,	\$ 12,
COMPREHENSIVE	DED	\$ 12,345.67	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,
COLLISION	DED	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,
ACV UNLESS AMOUNT STATED		\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,
TOWING & LABOR		\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,
TRANS EXP/RENTAL RE		\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,	\$ 12,
						\$ 12,	\$ 12,	\$ 12,	\$ 12,
						\$ 12,	\$ 12,	\$ 12,	\$ 12,
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)						TOTAL PER VEHICLE	\$ 12,	\$ 12,	\$ 12,
						ESTIMATED TOTAL	DEPOSIT	BALANCE DUE	
						\$ 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	STD'T >100	GOOD STD'T	DRV TRN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #	
1	Robin W. Smith	Resident	1	Related	5/12/25	plc	Resid	12/25/	X	X	X	12/25/	Resident 1 Driver	456-45-4567
2	Robin W. Smith	Resident	2	Related	5/12/25	plc	Resid	12/25/	X	X	X	12/25/	Resident 2 Driver and	456-45-4567
3	Robin W. Smith	Resident	3	Related	5/12/25	plc	Resid	12/25/	X	X	X	12/25/	Resident 3 Driver and	456-45-4567
	Robin W. Smith	Resident	4	Related	5/12/25	plc	Resid	12/25/	X	X	X	12/25/	Resident 4 Driver and	456-45-4567
	Robin W. Smith	Resident	5	Related	5/12/25	plc	Resid	12/25/	X	X	X	12/25/	Resident 5 Driver and	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?				<input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO		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	
Driver 1	12/25/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Accident Place of Accident/Conviction	X	X	\$12,345.67	

ADDITIONAL INTEREST

VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad- diti- onal	<input checked="" type="checkbox"/>	LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod	Additional Interest 1
VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad- diti- onal	<input checked="" type="checkbox"/>	LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod	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?	<input checked="" type="checkbox"/>		9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input checked="" type="checkbox"/>	
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)	<input checked="" type="checkbox"/>		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input checked="" type="checkbox"/>	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input checked="" type="checkbox"/>		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?	<input checked="" type="checkbox"/>	
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input checked="" type="checkbox"/>		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input checked="" type="checkbox"/>	
5. ANY CAR KEPT AT SCHOOL?	<input checked="" type="checkbox"/>		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input checked="" type="checkbox"/>	
6. ANY CAR PARKED ON STREET?	<input checked="" type="checkbox"/>		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	<input checked="" type="checkbox"/>	
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input checked="" type="checkbox"/>		15. IS THIS BROKERED BUSINESS TO THE AGENT?	<input checked="" type="checkbox"/>	
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input checked="" type="checkbox"/>		16. HAS AGENT INSPECTED VEHICLE?	<input checked="" type="checkbox"/>	

REMARKS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	<input checked="" type="checkbox"/>	YOUNG DRIVER QUESTIONNAIRE
	<input checked="" type="checkbox"/>	DRIVER TRAINING CERTIFICATE
	<input checked="" type="checkbox"/>	GOOD STUDENT CERTIFICATE
	<input checked="" type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
	<input checked="" type="checkbox"/>	MEDICAL STATEMENT
	<input checked="" type="checkbox"/>	MOTOR VEHICLE REPORT
	<input checked="" type="checkbox"/>	PHOTOGRAPH
FOR COMPANY USE ONLY	<input checked="" type="checkbox"/>	BILL OF SALE
For Company Use Only	<input checked="" type="checkbox"/>	Attachment - Other

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	<input checked="" type="checkbox"/> 12:01 AM		
Binder Time	NOON		
<input checked="" type="checkbox"/>	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?	How Long Have You Known This Applicant
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR UM PROPERTY DAMAGE COVERAGES ENTIRELY.			
1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)			
2. I REJECT UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)			
3. I REJECT ONLY UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)			
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	