

# ACORD ARIZONA 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		DIRECT BILL AGENCY BILL	
				X		PAYMENT PLAN Payment Plan	

RESIDENCE		CURRENT RESIDENCE IS		X OWNED		RENTED		GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)			
YRS AT CURR ADDR		PREVIOUS ADDRESS (If less than 3 years)		VEH #							
12, 34		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				Veh-1	12/25	1 New/U
2	12,345	Vehicle 2 Make Model Body Type						Vehicle 2 VIN/Registered State				Veh-2	12/25	2 New/U
3	12,345	Vehicle 3 Make Model Body Type						Vehicle 3 VIN/Registered State				Veh-3	12/25	3 New/U
4	12,345	Vehicle 4 Make Model Body Type						Vehicle 4 VIN/Registered State				Veh-4	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	Veh-	Veh-	12,345	2	2	1	1	1	1	1	12,345	12,345	1	50%	50%	50%	50%	Vehicle
2	\$12,345	Veh-	Veh-	12,345	2	2	1	1	1	1	1	12,345	12,345	1	50%	50%	50%	50%	Vehicle
3	\$12,345	Veh-	Veh-	12,345	2	2	1	1	1	1	1	12,345	12,345	1	50%	50%	50%	50%	Vehicle
4	\$12,345	Veh-	Veh-	12,345	2	2	1	1	1	1	1	12,345	12,345	1	50%	50%	50%	50%	Vehicle

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

COVERAGES/PREMIUMS	UP	DEVICES	and Surcharges	DEVICES	and Surcharges
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT	\$ \$12, \$12, \$12, \$12,	VEHICLE #	VEHICLE #
BODILY INJURY LIABILITY	\$	EA PERSON	\$ Limits of Liability	VEHICLE #	VEHICLE #
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT	\$ \$42,67 \$42,67 \$42,67 \$42,67	VEHICLE #	VEHICLE #
MEDICAL PAYMENTS	\$	EA PERSON	\$ \$42,67 \$42,67 \$42,67 \$42,67	VEHICLE #	VEHICLE #
UNINSURED MOTORISTS	CSL \$	EA ACCIDENT	\$ 345.67 \$42,67 \$42,67 \$42,67	VEHICLE #	VEHICLE #
UNDERINSURED MOTORISTS	BI \$	EA PERSON	\$ 345.67 \$ 345.67 \$ 345.67 \$ 345.67	VEHICLE #	VEHICLE #
UNDERINSURED MOTORISTS	CSL \$	EA ACCIDENT	\$ \$12, \$12, \$12, \$12,	VEHICLE #	VEHICLE #
UNDERINSURED MOTORISTS	BI \$	EA PERSON	\$ 345.67 \$ 345.67 \$ 345.67 \$ 345.67	VEHICLE #	VEHICLE #
COMPREHENSIVE	DED	\$ \$12, \$12, \$12, \$12,	\$ \$12, \$12, \$12, \$12,	VEHICLE #	VEHICLE #
COLLISION	DED	\$ \$42,6- \$42,6- \$42,6- \$42,6-	\$ \$42,67 \$42,67 \$42,67 \$42,67	VEHICLE #	VEHICLE #
ACV UNLESS AMOUNT STATED	\$	\$ \$42,67 \$42,67 \$42,67 \$42,67	\$ \$42,67 \$42,67 \$42,67 \$42,67	VEHICLE #	VEHICLE #
TOWING & LABOR	\$	\$ \$42,67 \$42,67 \$42,67 \$42,67	\$ \$42,67 \$42,67 \$42,67 \$42,67	VEHICLE #	VEHICLE #
TRANS EXP/RENTAL RE	\$	\$ \$42,67 \$42,67 \$42,67 \$42,67	\$ \$42,67 \$42,67 \$42,67 \$42,67	VEHICLE #	VEHICLE #
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)				TOTAL PER VEHICLES	ESTIMATED TOTAL
.67				.67	\$ \$42,67 \$42,67 \$42,67 \$42,67
					\$ \$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 STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Robin W. Smith	Resident	1	Related	5/12/25	Resident	12/25	1	Accident	Prevent	Prevent	Resident 1 Driver	456-45-4567
2	Robin W. Smith	Resident	2	Related	5/12/25	Resident	12/25	2	Accident	Prevent	Prevent	Resident 2 Driver	456-45-4567
3	Robin W. Smith	Resident	3	Related	5/12/25	Resident	12/25	3	Accident	Prevent	Prevent	Resident 3 Driver	456-45-4567
	Robin W. Smith	Resident	4	Related	5/12/25	Resident	12/25	4	Accident	Prevent	Prevent	Resident 4 Driver	456-45-4567
	Robin W. Smith	Resident	5	Related	5/12/25	Resident	12/25	5	Accident	Prevent	Prevent	Resident 5 Driver	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?										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
1	12/25/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.								Accident/Conviction	X	\$12,345.67

**ADDITIONAL INTEREST**

VEH #	<input checked="" type="checkbox"/>	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Ad-1		LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor	Additional Interest 1
Ad-2	<input checked="" type="checkbox"/>	ADDL INT	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor	Additional Interest 2
Ad-3		LOSS PAY		Additional Interest 3

**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	App-	App-
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	App-	App-

**PRIOR COVERAGE**

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Prior Carrier and Producer	Years	Prior Policy Number/Expiration Date	App-	App-

**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"/>	<input checked="" type="checkbox"/>	2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. ANY CAR KEPT AT SCHOOL?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. ANY CAR KEPT AT SCHOOL?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. ANY CAR PARKED ON STREET?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANY CAR PARKED ON STREET?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			15. IS THIS BROKERED BUSINESS TO THE AGENT?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			16. HAS AGENT INSPECTED VEHICLE?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**REMARKS**

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

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	<input checked="" type="checkbox"/>	STATE SUPPLEMENT
	<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
	<input checked="" type="checkbox"/>	BILL OF SALE
	<input checked="" type="checkbox"/>	Attachment - Other Description -

**FOR COMPANY USE ONLY**

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

**BINDER/SIGNATURE**

INSURANCE BINDER <input checked="" type="checkbox"/>	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.
EXPIRATION DATE 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 Binder Time	
<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.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

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.

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	12/25/2025	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
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