

ACORD _™ NEW M	EXICO PERSONA	AL AUTO AI	PPLICAT	ON /	DATE (MM/DD/YY) 12/25/2025			
Producer		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) 123 Main St, San Francisco CA, 94106 NAIC Code						
	CO/PLAN		POL#:					
CODE: SUBCODE:			ACCT#: Policy N					
AGENCY CUSTOMER ID	12/25/202	/\	DIRECT BILL	MENT PLAN ayment Plan				
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YRS AT ADDR CURR PREVIOUS ADDRESS (If less than 3 12, 123 Main St, San Fra 34-		VEH #	in St, San Franc					
VEHICLE DESCRIPTION/USE		TOTAL NUMBER O	VEHICLES IN HOUSEHO	DLD:				
,	, MODEL AND BODY TYPE		V/REGISTERED STATE		HP/CC DATE NEW USE			
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PROPERTY DAMAGE LIABILITY \$	EA ACCIDENT \$ \$12,3				3, 67 \$ 342, 67			
MEDICAL PAYMENTS \$	EA PERSON	5250011522		342 ,67 \$ 34				
CSL \$	EA ACCIDENT		345.67		5.67 345.67			
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ADDITIONAL COVERAGES/ENDORSEMENTS (1985)		.67 .67 VEHICLE		342 ,67 \$ 34				
•	•		ESTIMATED TOTAL	345.60EPOSIT34				
			\$12,345.67	\$	\$			
RESIDENT & DRIVER INFORMATION	N [List all residents & dependents	(licensed or not) and	regular operators					
	DATE	DATE LIC STDT GOOD DRV STDT TRAIN	ACC DDEV	LICENSE #/LIC STAT	E SOCIAL SECURITY			
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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. DATE (MM/DD/YY)

(INITIALS)

PRODUCER'S SIGNATURE

APPLICANT'S SIGNATURE ACORD 90 NM (11/96)

2. I REJECT UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY.