

PRODUCER

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

ROBBER
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adipiscing elit, sed do eiusmod tempor.

123 Main St, San Francisco CA, 94106

NAIC CODE

NAIC Code

TELEPHONE NUMBER

(555) 444-3333

CODE:

SUBCODE:

CO/PLAN

POL#: Policy Number

Coplan

ACCT#: Account Number

AGENCY CUSTOMER ID

PRODUCER

AGENCY

EFFECTIVE DATE

EXPIRATION DATE

Y

**DIRECT
BILL
AGENCY
BILL**

x

MAIL POLICY
TO AGENT
MAIL POLICY
TO APRI

PAYMENT PLAN

Payment Plan

CUSTOMER RESIDENCE

State License

X

DW

ED

RENTED

GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)

YRS AT ADDR	PREVIOUS ADDRESS (if less than 3 years)
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VEH

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 LEASED	DATE PURCH	NEW/USED
	Vehic-	Vehicle 1 Year											Vehicle 1 Make Model Body Type				1 VIN	State	1/27/25	2025
	Vehic-												Vehicle 2 Make Model Body Type				2 VIN	State	1/27/25	2025
	Medic-	Vehicle 3 Year											Vehicle 3 Make Model Body Type				3 VIN	State	1/27/25	2025
	Medic-	Vehicle 4 Year											Vehicle 4 Make Model Body Type				4 VIN	State	1/27/25	2025
VEH	PASS 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%)				Ass	
	\$12m-	Veh-	Veh-	Veh-	Ve-	Veh-	Veh-	Rd-	Hol-	Car	Po-	Gar-	Vehic-	Vehicle	Ve-	50.3%	50.	50.50.3%	50.50%	Vehicle
	\$42,67	Veh-	Veh-	Veh-	Ch-	Med-	Hes-	Hol-	Rd-	Hol-	Car	Po-	Vehic-	Vehicle	Ve-	50.3%	3%	3%50.3%	3%50%	Vehicle
	\$42,67	Veh-	Veh-	Veh-	Ch-	Med-	Hes-	Hol-	Rd-	Hol-	Car	Po-	Delicet-	Vehicle	Ve-	50.3%	3%	3%50.3%	3%50%	Vehicle
	\$42,67	Veh-	Veh-	Veh-	Ch-	Med-	Hes-	Hol-	Rd-	Hol-	Car	Po-	Delicet-	Vehicle	Ve-	50.3%	3%	3%50.3%	3%50.3%	Vehicle
VEH	PASSIVE SEAT BELT	AIRBAG DRV BOTH	ANTI LOCK BRAKES 2/4	RAI	CR	M	DI	CREDITS AND SURCHARGES				PASSIVE SEAT BELT	AIRBAG DRV BOTH	ANTI LOCK BRAKES 2/4	ANTI THEFT DEVICES	CREDITS AND SURCHARGES				
	X	X	Yes	Yes	Ch-	Med-	Hes-	Vehicle 1 Credits				Reading	X	Yes	No	Vehicle 2	Vehicle 2 Credits			
	X	X	Yes	Yes	Wh-	High-	Theft-	Vehicle 3 Credits				Reading	X	Yes	No	Vehicle 4	Vehicle 4 Credits			

COVERAGES/PREMIUMS

COVERAGES		LIMITS OF LIABILITY				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 EA ACCIDENT				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT \$12,345.67				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
MEDICAL PAYMENTS	\$	EA PERSON \$12,345.67				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
UNINSURED MOTORISTS	CSL	EA ACCIDENT \$12,345.67				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
	BI	EA PERSON \$12,345.67 EA ACCIDENT				\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
UNDERINSURED MOTORISTS	CSL	EA ACCIDENT				\$	\$12,345.67	\$12,345.67	\$12,345.67
	BI	EA PERSON \$ EA ACCIDENT				\$	\$12,345.67	\$12,345.67	\$12,345.67
COMPREHENSIVE	DED	\$12,345.67	\$12,345.67	\$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	\$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	\$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	\$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	\$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)			POLICY FEE: \$		TOTAL PER VEHICLE	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
						ESTIMATED TOTAL	DEPOSIT	BALANCE DUE	
						\$12,345.67	\$12,345.67	\$12,345.67	

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STD STGT >>100	GOOD STGT	DRV TRAIN	ACC PRE CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
	Robin W. Smith	Driver 1	Married	Spouse	12/24/1955	Police Officer	12/22/2016	Active	Refused	Surveillance	None	Driver 1 License	456-45-4567
	Robin W. Smith	Driver 2	Married	Spouse	12/24/1955	Police Officer	12/22/2016	Active	Refused	Surveillance	None	Driver 2 License	456-45-4567
	Robin W. Smith	Driver 3	Married	Spouse	12/24/1955	Police Officer	12/22/2016	Active	Refused	Surveillance	None	Driver 3 License	456-45-4567
	Robin W. Smith	Driver 4	Married	Spouse	12/24/1955	Police Officer	12/22/2016	Active	Refused	Surveillance	None	Driver 4 License	456-45-4567
	Robin W. Smith	Driver 5	Married	Spouse	12/24/1955	Police Officer	12/22/2016	Active	Refused	Surveillance	None	Driver 5 License	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?										X		YES		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 #	X	ADDD INT	NAME AND ADDRESS	LOAN NUMBER
Ad-		LOSS PAY	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod	Additional Interest 1
VEH #	X	ADDD INT	NAME AND ADDRESS	LOAN NUMBER
Ad-		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 (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Applicant's Employer Name	123 Main St, San Francisco CA, 94106	(555) 444-3333	Ap-	App-
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
Co-Applicant's Employer Name	123 Main St, San Francisco CA, 94106	(555) 444-3333	6a-	6b-

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
Prior Carrier and Producer	Years	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; indicate cost)	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? (List driver number)	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 THREE (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?	X	

REMARKS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	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	Additional Attachment 1
	X	Additional Attachment 2
	X	Additional Attachment 3
	X	Additional Attachment 4
FOR COMPANY USE ONLY		Description
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.		

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	X		
Binder Time	12:01 AM		
	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.			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. 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 ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.			
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	PRODUCER'S SIGNATURE	