



NEW YORK PERSONAL AUTO APPLICATION

DATE
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 | TAX TERR Tax |
| | | | | | TELEPHONE NUMBER (555) 444-3333 | Territory |
| | REGISTERED OWNER IF DIFFERENT FROM ABOVE: Registered Owner If Different From Above | | | | | |
| | CO/PLAN Registered Owner Name | | POL#: COPLAN ACCT#: POL# | | | |
| CODE: AGENCY CUSTOMER ID Agency Customer ID | SUBCODE: Agency Customer ID | EFFECTIVE DATE 12/25/2025 | EXPIRATION DATE 12/25/2025 | <input type="checkbox"/> DIRECT BILL AGENCY <input checked="" type="checkbox"/> X | MAIL POLICY TO AGENT MAIL POLICY TO APPL | PAYMENT PLAN Payment Plan |

| RESIDENCE | | CURRENT RESIDENCE IS | <input checked="" type="checkbox"/> OWNED | <input type="checkbox"/> RENTED | GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP) | |
|-------------|-----------|---|---|---------------------------------|---|--------------------------------------|
| YRS AT CURR | ADDR PREV | PREVIOUS ADDRESS (If less than 3 years) | | | VEH # | |
| 12, 34- | 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 LEASED | DATE PURCH | NEW/USED |
|-------|------|------------------------------------|--------------------------------|-------|-------------|------------|----------|
| 3,345 | 345 | Vehicle 1 Make Model and Body Type | Vehicle 1 VIN/Registered State | Veh- | 12/25 | Veh-12/25 | 1 New |
| 3,345 | 345 | | Vehicle 2 VIN/Registered State | Veh- | 12/25 | Veh-12/25 | 2 New |
| 3,345 | 345 | Vehicle 3 Make Model and Body Type | Vehicle 3 VIN/Registered State | Veh- | 12/25 | Veh-12/25 | 3 New |
| | | | Vehicle 4 VIN/Registered State | Veh- | 12/25 | Veh-12/25 | 4 New |

| 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 | |
|------|----------------------|--------------------|-------------------------|-----------------------|----------------|-------------------|-------------------|------------------------|---------------|----------------------|--------------------|-------------------------|--------------------|------------------|---|------------------------|---------------|
| 3345 | \$12,345 | Veh- | Veh- | Veh- | 121 | 2,345 | 5 Vehicle 1 Usage | Found | 1 | 0 | 0 | 0 | 12,345 | Vehicle 1 | Governor | 50.0% | 50.0% Vehicle |
| 3345 | \$12,67 | Veh- | Veh- | Veh- | 321 | 2,345 | 5 Vehicle 2 Usage | Found | 2 | 0 | 0 | 0 | 12,345 | Vehicle 2 | Governor | 50.0% | 50.0% Vehicle |
| 3345 | \$12,67 | Veh- | Veh- | Veh- | 321 | 2,345 | 5 Vehicle 3 Usage | Found | 3 | 0 | 0 | 0 | 12,345 | Vehicle 3 | Governor | 50.0% | 50.0% Vehicle |
| 3345 | \$12,67 | Veh- | Veh- | Veh- | 321 | 2,345 | 5 Vehicle 4 Usage | Found | 4 | 0 | 0 | 0 | 12,345 | Vehicle 4 | Governor | 50.0% | 50.0% Vehicle |
| VEH | PASSIVE SEAT BELT | AIRBAG DRV/BOTH | ANTI-LOCK BRAKES 2/4 | 3rd Party Theft | 4 | Devices | 34 | CREDITS AND SURCHARGES | Age | Passive SEAT BELT | AIRBAG DRV/BOTH | ANTI-LOCK BRAKES 2/4 | 3rd Party Theft | 4 | Devices | CREDITS AND SURCHARGES | |
| | X | X | X | Vehicle 1 | 5 | Vehicle 1 Credits | Age | X | X | X | X | X | X | Vehicle 2 | Vehicle 2 Credits | | |
| | X | X | X | Vehicle 2 | 5 | Vehicle 2 Credits | Age | X | X | X | X | X | X | Vehicle 3 | Vehicle 3 Credits | | |

COVERAGES/PREMIUMS

COVERAGES/PREMIUMS

Anti-Dumping Duties and Surcharges

| 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 | \$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 |
| PERSONAL INJURY PROTECTION | | | | | | | | | | DEDUCTIBLE | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? | | | | | | | | | | (PROVIDE NAME OF PLAN AND PERSONS COVERED) | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| WORK LOSS COORDINATION | | | | | | | | | | X YES NO | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| MED EXP ELIMINATION | | | | | | | | | | X NAMED INSURED ONLY | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| ADDITIONAL PERSONAL INJURY PROTECTION | | | | | | | | | | WORK LOSS OTHER EXP DEATH BEN | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| OBEL | | | | | | | | | | \$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 |
| STATUTORY UM | | | | | | | | | | EA PERSON | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| SUPPLEMENTARY UM (SUM) | | | | | | | | | | EA PERSON | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| COMPREHENSIVE | | | | | | | | | | F G | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| COLLISION | | | | | | | | | | F G | | \$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 |
| TOWING & LABOR | | | | | | | | | | \$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 |
| ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium) | | | | | | | | | | POLICY FEE: \$ | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| * Motor Vehicle Law Enforcement Fee as required by New York law will be added to the premium for each vehicle | | | | | | | | | | TOTAL PER VEHICLE* | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| ESTIMATED TOTAL | | | | | | | | | | DEPOSIT | | \$12,345.67 | \$12,345.67 | \$12,345.67 | \$12,345.67 |
| BALANCE DUE | | | | | | | | | | \$ | | \$12,345.67 | \$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 STA | REL TO APPLIC | DATE OF BIRTH | OCC | DATE LIC | STDT >100 | GOOD STDT | DRV TRN | ACC PREV CSE DATE | DRIVERS LICENSE #/LIC STATE | SOCIAL SECURITY # |
|---|---------------------------------|------------|---------|---------------|---------------|-------|------------|-----------|-----------|----------|-------------------|-----------------------------|-------------------|
| | Robin W. Smith | Resident 1 | Male | 5/12/25 | pl | Can't | Resident 1 | Gold | 5/12/25 | Training | | Resident 1 License | 456-45-4567 |
| | Robin W. Smith | Resident 2 | Male | 5/12/25 | pl | Can't | Resident 2 | Gold | 5/12/25 | Training | | Resident 2 License | 456-45-4567 |
| | Robin W. Smith | Resident 3 | Male | 5/12/25 | pl | Can't | Resident 3 | Gold | 5/12/25 | Training | | Resident 3 License | 456-45-4567 |

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

| | | | | | | | | | | |
|---|-------------------------------|---|---------|------------------------------|-----------|----------|---------------------------|--|--|--|
| HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 39 MONTHS? | | | | | | X | YES | IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES. | | |
| DRV # | DATE OF ACCIDENT/CONVICTION | DESCRIPTION OF ACCIDENT OR CONVICTION | license | PLACE OF ACCIDENT/CONVICTION | BI OR YES | DEATH NO | AMOUNT OF PROPERTY DAMAGE | | | |
| 12, 34- | Accident/Con- viction Type | Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. | #ed | 12/25/2025 | X | | \$12,345 67 | | | |

ADDITIONAL INTEREST

| | | | | |
|----------------------|---|----------|--|-----------------------|
| VEH # | X | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| Ad- diti- onal | | LOSS PAY | Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. | Additional Interest 1 |
| VEH # | X | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| Ad- diti- onal | | LOSS PAY | Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. | 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- not | Ap- not |
| 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 | Ap- not | Ap- not |

PRIOR COVERAGE

| | | | |
|----------------------------|--------------------------|-------------------------------------|------------------------|
| PRIOR CARRIER AND PRODUCER | # OF YEARS W/ COMPANY | PRIOR POLICY NUMBER/EXPIRATION DATE | ASSIGNED RISK |
| Prior Carrier and Producer | Years | Prior Policy Number/Expiration Date | X YES with YES with |

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 | ny | 9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number) | X | with |
| 2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost) | X | | 10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED? | X | Pre- yent |
| 3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) | X | | 11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number) | Em- plo- yer | X Em- plo- yer |
| 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 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 | STATE SUPPLEMENT |
| | 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 |
| FOR COMPANY USE ONLY | X | BILL OF SALE |
| Company Use Only | X | Additional |

BINDER/SIGNATURE

| | |
|-------------------------------|--|
| INSURANCE BINDER | IF COVERAGE IS NOT BOUND, COVERAGE WILL COMMENCE UPON ACCEPTANCE OF THE COMPANY'S DESCRIPTION |
| EFFECTIVE DATE 12/25/2025 | IF COVERAGE IS BOUND, THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INS IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. |
| EXPIRATION DATE 12/25/2025 | |
| TIME Binder Time | 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. |
| X | COVERAGE IS NOT BOUND |

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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? |
|--|--|

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

| | | |
|-----------------------|------|----------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE |
|-----------------------|------|----------------------|