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ACORD™ ILLINOIS PERSONAL AUTO APPLICATION

DATE

PRODUCER
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CODE: SUBCODE:
AGENCY CUSTOMER ID

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#: POL#
ACCT#: ACCT#

EFFECTIVE DATE	EXPIRATION DATE					PAYMENT PLAN
11/15/2026	11/15/2026	X	DIRECT BILL		MAIL POLICY TO AGENT	Payment Plan
		X	AGENCY BILL		MAIL POLICY TO APPL	

RESIDENCE CURRENT RESIDENCE IS CODE OWNED RENTED

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

YRS AT CURR	ADDR PREV	PREVIOUS ADDRESS (If less than 3 years)
X		123 Main St, San Francisco CA, 94106

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 and Body Type	Vehicle 1 VIN/Registered State	Vehicle 1 HP/CC	Vehicle 1 Date Leased	Vehicle 1 Date Purch 11/15/2026
	Vehic-		Vehicle 2 VIN/Registered State	Vehicle 2 HP/CC	Vehicle 2 Date Leased	Vehicle 2 Date Purch	Vehicle 2 New/U
	Vehic-	Vehicle 3 Year	Vehicle 3 VIN/Registered State	Vehicle 3 HP/CC	Vehicle 3 Date Leased	Vehicle 3 Date Purch	Vehicle 3 New/U
	Vehic-	Vehicle 4 Year	Vehicle 4 VIN/Registered State	Vehicle 4 HP/CC	Vehicle 4 Date Leased	Vehicle 4 Date Purch	Vehicle 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
	Vehic-	Vehic-	Veh-	Veh-	Ve-	Ve-	Vehicle 1 Usage	Vehicle 1 Per-form	Vehicle 1 Multi-Car	Vehicle 1 Car Pool	Vehicle 1 Gar-aged	Vehicle 1 Odometer Reading	Vehicle 1 Annual Mileage	Vehicle 1 Passive Seat Belt	Vehicle 1 Business and Charges	Vehicle 1 Class
	Vehic-	Vehic-	Veh-	Veh-	Ve-	Ve-	Vehicle 2 Usage	Vehicle 2 Per-form	Vehicle 2 Multi-Car	Vehicle 2 Car Pool	Vehicle 2 Gar-aged	Vehicle 2 Odometer Reading	Vehicle 2 Annual Mileage	Vehicle 2 Passive Seat Belt	Vehicle 2 Business and Charges	Vehicle 2 Class
	Vehic-	Vehic-	Veh-	Veh-	Ve-	Ve-	Vehicle 3 Usage	Vehicle 3 Per-form	Vehicle 3 Multi-Car	Vehicle 3 Car Pool	Vehicle 3 Gar-aged	Vehicle 3 Odometer Reading	Vehicle 3 Annual Mileage	Vehicle 3 Passive Seat Belt	Vehicle 3 Business and Charges	Vehicle 3 Class
	Vehic-	Vehic-	Veh-	Veh-	Ve-	Ve-	Vehicle 4 Usage	Vehicle 4 Per-form	Vehicle 4 Multi-Car	Vehicle 4 Car Pool	Vehicle 4 Gar-aged	Vehicle 4 Odometer Reading	Vehicle 4 Annual Mileage	Vehicle 4 Passive Seat Belt	Vehicle 4 Business and Charges	Vehicle 4 Class

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
	Vehic-	Vehic-	Vehic-	Vehicle 1	Vehicle 1	Vehic-	Vehic-	Vehic-	Vehicle	Vehicle 2 Drv/Both
	Vehic-	Vehic-	Vehic-	Vehicle 2	Vehicle 2	Vehic-	Vehic-	Vehic-	Vehicle	Vehicle 4 Passive

COVERAGES/PREMIUMS

COVERAGES		LIMITS OF LIABILITY						VEHICLE #		VEHICLE #	
SINGLE LIMIT LIABILITY (CSL)		$	EA ACCIDENT					$ $12,		$ $12,	
BODILY INJURY LIABILITY		$	EA PERSON	$ $12,345.67	Bodily Injury Liability Limits			$ $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
MEDICAL PAYMENTS		$ $12,345.67	EA PERSON					$ $12,345.67	$ $12,345.67	$ $12,345.67	$ $12,345.67
UNINSURED/ UNDERINSURED MOTORISTS	CSL	$ $12,345.67	EA ACCIDENT	Medical Payments Person				$ 345.67	$ 345.67	$ 345.67	$ 345.67
	BI	$	EA PERSON	$							
UNINSURED MOTORISTS	PD	$	EA ACCIDENT	$	DEDUCTIBLE			$ $12,	$ $12,	$ $12,	$ $12,
COMPREHENSIVE	DED	$ $12,	$ $12,	$ $12,	$ $12,			$ $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		$ 345.67	$ 345.67	$ 345.67	$ 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	$ $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		$ 345.67	DEPOSIT $ 345.67	BALANCE DUE $ 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	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
	Robin W. Smith	Resident 1 Sex	Resident 1 Marital Status	Resident 1 Relationship to Applicant	Resident 1 Date of Birth	Resident 1 Occupation	Resident 1 Date Licensed				Resident 1 Date	Resident 1 Driver's License #/ State	456-45-4567
	Robin W. Smith	Resident 2 Sex	Resident 2 Marital Status	Resident 2 Relationship to Applicant	Resident 2 Date of Birth	Resident 2 Occupation	Resident 2 Date Licensed				Resident 2 Date	Resident #2 Driver's License #/ State	456-45-4567
	Robin W. Smith	Resident 3 Sex	Resident 3 Marital Status	Resident 3 Relationship to Applicant	Resident 3 Date of Birth	Resident 3 Occupation	Resident 3 Date Licensed				Resident 3 Date	Resident #3 Driver's License #/ State	456-45-4567
	Robin W. Smith	Resident 4 Sex	Resident 4 Marital Status	Resident 4 Relationship to Applicant	Resident 4 Date of Birth	Resident 4 Occupation	Resident 4 Date Licensed				Resident 4 Date	Resident #4 Driver's License #/ State	456-45-4567
	Robin W. Smith	Resident 5 Sex	Resident 5 Marital Status	Resident 5 Relationship to Applicant	Resident 5 Date of Birth	Resident 5 Occupation	Resident 5 Date Licensed				Resident 5 Date	Resident #5 Driver's License #/ State	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	BI OR DEATH NO	AMOUNT OF PROPERTY DAMAGE
nt/Conviction 1	11/15/2026	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	123 Main St, San Francisco CA, 94106	X		$12,345.67

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ADDITIONAL INTEREST

VEH #		NAME AND ADDRESS	LOAN NUMBER
	ADDITIONAL INTEREST	123 Main St, San Francisco CA, 94106	Vehicle 1 Additional Interest Loan Number
	LOSS PAYEE		
	ADDITIONAL INTEREST	123 Main St, San Francisco CA, 94106	Vehicle 2 Additional Interest Loan Number
	LOSS PAYEE		

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	Applicant's Years with Current Employer	Applicant's Years with Previous Employer
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	Co-Applicant's Years with Current Employer	Co-Applicant's Years with Previous Employer

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
Prior Carrier and Producer	Years with Prior Company	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		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		X
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		X
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		X
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		X
5. ANY CAR KEPT AT SCHOOL?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		X
6. ANY CAR PARKED ON STREET?	X		15. IS THIS BROKERED BUSINESS TO THE AGENT?		X
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	X		16. HAS AGENT INSPECTED VEHICLE?		X
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	X		17. WAS PREVOIUS INSURANCE PROVIDED BY ASSIGNED RISK? (GIVE REASON)		X
9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	X				

REMARKS

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ATTACHMENTS

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
X	BILL OF SALE

FOR COMPANY USE ONLY

For Company Use Only

11/15/2026 11/15/2026

BINDER/SIGNATURE

INSURANCE BINDER Binder Time

EFFECTIVE DATE	EXPIRATION DATE
11/15/2026	11/15/2026

TIME		
Binder Time	X	12:01 AM
		NOON

X COVERAGE IS NOT BOUND

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

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.

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.

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.

X 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 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/UNDERINSURED (UI/UIM) MOTORISTS BODILY INJURY (BI) COVERAGE UP TO THE LIMIT(S) OF MY LIABILITY COVERAGE, AND UM PROPERTY DAMAGE COVERAGE AS APPLICABLE. I HAVE SELECTED THE LIMITS INDICATED HERE AND IN THE STATE SUPPLEMENT.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	