ACORD, ILLING	JIS PERSUN								
PRODUCER Lorem ipsum dolor sit ame	t. consectetur	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)							
adipiscing elit, sed do eiusn				NAIC CODE					
adiplicating city sed do elusi	123 Main St, S	an Francisco CA	, 94106	NAIC Code					
	, -	(555) 444-3333							
	00/8/ 44/		DOI #	,					
	COPLAN		POL#: POL#						
CODE: SUBCO		EXPIRATION DATE X	ACCT#: ACCT#	DLICY PAYMENT PLAN					
AGENCY CUSTOMER ID		EXPIRATION DATE $\chi$ 12/25/2025 $\chi$	DIRECT BILL MAIL PO	Payment Plan					
DECIDENCE	dode		Λ.	AGENCY BILL MAIL PO	<u> </u>				
RESIDENCE CURRENT RESIDE (RS AT ADDR PREVIOUS ADDRESS (If less that	INCE IS OD DOWNED	RENTED	VEH VEH	ATION IF DIFF FRO	M ABOVE (Inc county & ZIP				
	• ,		#	n St, San Francis	co CA 94106				
X 123 Main St, San F	rancisco CA, 94106		123 10101	ii 5t, 5aii i iantis	CO CA, 54100				
VEHICLE DESCRIPTION/USE			TOTAL NUMBER OF	VEHICLES IN HOUSEHOLD:					
	AKE, MODEL AND BODY TYPE			/REGISTERED STATE	DATE DATE HP/CC LEASED PURCH				
Vehic- Vehicle 1 Year	·		Vehicle 1 Make	, Model an <b>v</b> le <b>Brod</b> e	Tyde/Registered 2121				
Methic-			Vehicle 2 VIN/	Registered State	Vehicle 2 HPM2647esh20212e				
Menuite Vehicle 3 Year					Vehicle 3 H 22000 e25000 De-				
<b>VeEb</b> ii#- Vehicle 4 Year				Registered State	Vehicle 4 H 2/470 e 1/402				
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	:	345		\$ <b>\$42,</b> 67 \$ <b>\$4</b>					
ADDITIONAL COVERAGES/ENDORSEMENTS (I			TOTAL PEI VEHICLE	\$ <b>\$42,</b> 67 \$ <b>\$4</b> 2					
	•	÷, <u> </u>	VERICLE	ESTIMATEO TOTAL 34					
				\$ \$	\$				
RESIDENT & DRIVER INFORMATI	ION [List all residents &	dependents (licen	sed or not) and red	ular operators]	ı ·				
# NAME (AS IT APPEARS ON LICENSE)	SEX MAR REL TO DATE OF BIRTH	d OCC DATE	CTDT COOD DDV A	CC PREV DRIVERS LIC	ENSE #/LIC STATE SOCIAL SECUI				
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	ierhetr 22 121 Glatkird 5 12-02 2255								
	internal Melaitid Status								
	ierhetral Maskatico S 2202295								
	ienter 55 Ble lated 5 20 2455								
ACCIDENTS/CONVICTIONS (Note	e: Your driving record is	verificativith the s	tate motor vehicle	blepartment)cense	#/IL State				
HAS ANY DRIVER SHOWN ABOVE HAD AN ACC REGARDLESS OF FAULT, OR BEEN CONVIC DATE OF # ACCIDENT/CONVICTION	CIDENT, CTED OF A MOVING VIOLATION	WITH METHOD LAST	_ YEARS? X YES	NO IF YES, IND	DICATE BELOW. ALSO INCLUDE ENSIVE INSURANCE LOSSES.				
DRV DATE OF # ACCIDENT/CONVICTION	DESCRIPTION	OF ACCIDENTOOR CONVIC	TION	PLACE ACCIDENT/CO	OF BI OR DEATH AMOUNT ONVICTION YES NO PROPERTY D				
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		c, consecretor	July Juliu Citt						
	od tempor.	et, consectetur	adipiseing ene, s	Francisco					



ADDITIONAL INTEREST											
AVEN ton aloumber event supported the cle 1.1. Loss Passee Type 123 Main St, San Francisco CA, 94106									Vehicle 1 Addition		
AVENT On Albinton NAME AND ADDRESS								Interest Loan  LOANNUMBER  Methidbe 2 Additiona			
icle Loss Rassee Type 23 Main	St, Sall Hallelsed CA, 541	••••		•		•		Interest	Loan		
EMPLOYMENT INFORMATION (*	if less than 2 years, provide na	me of	pre	vious em	ipioyer and p	revious occ	upation und	DNE NUMBER DET	VEARSW	/ VEARS W/	
Applicant's Employer	123 Main St, San Francisco CA, 94106 (55						(555) 444		YEARS WA	App.	
CO-Applicant's Employer	ADDRESS OF EMPLOYMENT 123 Main St, San			<b><sup>мт</sup></b> n Francisco CA, 94106			work phone number (555) 444-3333		YEARSON CURREMPI ADE	YEARSW L* PREV EMPI GD-	
PRIOR COVERAGE									Жера-	- Жерар-	
PRIOR CARRIER AND PRODUCER			# OF	YEARS	PRIOR POLICY NU	JMBER/EXPIRAT	ION DATE		pslic-	h <b>s</b> a-	
Prior Carrier and Producer			Yea	ars	Prior Polic	y Number	r/Expiratio	n Date	<b>evritth</b>		
GENERAL INFORMATION			wit						Kera-		
EXPLAIN ALL "YES" RESPONSES IN REMARKS	s	YES			ALL "YES" RESPO					YES NO	
WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES     NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		X	Co ny		RIVERS LICENSE			ist driver number)	Evritoh Glor-	χυνsith χ <b>εne</b> -	
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost)		Х			INANCIAL RESPON		,	,	<i>y</i> ent	Xpilo-	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)					ISURANCE BEEN				Em-	wer	
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			_						_ plo-	Em-	
5. ANY CAR KEPT AT SCHOOL?		X	_		OVERAGE DECLIN 3 YEARS?	NED, CANCELLE	D, OR NON-REN	EWED DURING TH	yer	Xplo-	
6. ANY CAR PARKED ON STREET?		X	-	15 ISTHIS	S BROKERED BUS	INESS TO THE A	GENT?			xyer	
7. ANY OTHER AUTO INSURANCE IN HOUSEH	OLD? (Include any provided by employer)	X	_		GENT INSPECTED			X			
		X	-								
	8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)  9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)			17. WAS F GIVE	PREVOIUS INSURA REASON)	NCE PROVIDED	BY ASSIGNED F	RISK?		X	
REMARKS	TOTAL: (BIVEL HUMBEL)	X					ΔΤ	TACHMENTS	•		
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							X	MEDICAL STATE			
							X	MOTOR VEHICLE	REPORT	•	
							X	PHOTOGRAPH			
For Company Use O	nly						Χ	BILL OF SALE			
1 3	illy						12/25/2	025/25/202	25		
BINDER/SIGNATURE											
INSURANCE BINDER BINDER  EFFECTIVE DATE EXPIRATION PAGE  12/25/2025 12/25/2025  TIME X 12:01 AM  Binder Time NOON  X COVERAGE IS NOT BOUND	12/25/2025  THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY STATING WHEN CANCELLED WHEN COMPANY STATING WHEN CANCELLED WHEN CANCELLED WHEN CANCELLED BY A POLICY. THE COMPANY IS ENTITLED TO CHARGE TO THE COMPANY STATING WHEN CANCELLED BY THE COMPANY IS ENTITLED TO CHARGE TO THE COMPANY STATING WHEN CANCELLED BY THE COMPANY IS ENTITLED TO THE COMPANY STATING WHEN CANCELLED BY THE COMPANY IS ENTITLED TO THE COMPANY STATING WHEN CANCELLED BY THE COMPANY IS ENTITLED TO THE COMPANY STATING WHEN CANCELLED BY THE COMPANY IS ENTITLED TO CHARGE TO THE COMPANY STATING WHEN CANCELLED BY THE COMPANY IS ENTITLED TO THE COMPANY IS ENTITLED TO THE COMPANY STATING WHEN CANCELLED BY THE COMPANY IS ENTITLED TO THE COMPANY IS								TO THE MPANY WHEN ARGE A		
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	MATION PRACTICES (PRIVACY) HA							DDI IOATIC:	D 11:5:	DANCE	
ANY PERSON WHO KNOWINGLY AND CONTAINING ANY MATERIALLY FALSE COMMITS A FRAUDULENT INSURANCE	INFORMATION OR CONCEALS FOR	THE P	URPO	OSE OF M	ISLEADING INFO	ORMATION CO	ONCERNING A				
APPLICANT'S STATEMENT: I HAVE READ CORRECT TO THE BEST OF MY KNOWLED APPLYING. IN ADDITION, IF THE AUTO PLARE HIGHER THAN NORMAL, AND THAT THE	THE ABOVE APPLICATION AND ANY AT IGE AND BELIEF. THIS INFORMATION I AN OR COMPANY DESIGNATED IN THIS	TACHN S BEING S APPLIG	IENTS G OFF	S. I DECLA FERED TO ON IS NON-	RE THAT THE INF THE COMPANY A STANDARD, I CE	FORMATION PE AS AN INDUCEN ERTIFY THAT I U	ROVIDED IN TH MENT TO ISSUE INDERSTAND 1	THE POLICY FO	R WHICH THIS CO\	I AM /ERAGE	
PRODUCER'S STATEMENT: I CERTIFY APPLICANT IS THE PERSONAL SIGNATION OF		AND E	BELIE	F THAT T	HE SIGNATURE	OF THE	HOW L	ONG HAVE YO	ΔNT2 .	low ong	
I ACKNOWLEDGE I HAVE BEEN OFFE BILITY COVERAGE, AND UM PROPER	RED UNINSURED/UNDERINSUREI TY DAMAGE COVERAGE AS APPLI	D (UI/U CABLE	IM) N	MOTORIS' AVE SELE	TS BODILY INJ	URY (BI) COV	'ERAGE UP T ED HERE AND	O THE LIMIT(S	OF MI	BM&A-	
I UNDERSTAND THAT THE COVERA POLICY RENEWALS, CONTINUATIONS	GE SELECTION AND LIMIT CHOI	CES II	NDIC	ATED HE	RE OR IN AN				O ALL K		
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