

ACORD

ILLINOIS PERSONAL AUTO APPLICATION

DATE

PRODUCER

LOREM IPSUM DOLOR SIT AMET, CONSECTETUR ADIPISCING ELIT, SED DO EIUSMOD TEMPOR.

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

12/25/2025

EXPIRATION DATE

12/25/2025

X

DIRECT BILL

X

MAIL POLICY TO AGENT

X

MAIL POLICY TO APPL

PAYMENT PLAN

Payment Plan

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)

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
	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	Vehicle 1 NEW/USED
	Vehicle 2 Year	Vehicle 2 Make, Model and Body Type	Vehicle 2 VIN/Registered State	Vehicle 2 HP/CC	Vehicle 2 DATE LEASED	Vehicle 2 DATE PURCH	Vehicle 2 NEW/USED
	Vehicle 3 Year	Vehicle 3 Make, Model and Body Type	Vehicle 3 VIN/Registered State	Vehicle 3 HP/CC	Vehicle 3 DATE LEASED	Vehicle 3 DATE PURCH	Vehicle 3 NEW/USED
	Vehicle 4 Year	Vehicle 4 Make, Model and Body Type	Vehicle 4 VIN/Registered State	Vehicle 4 HP/CC	Vehicle 4 DATE LEASED	Vehicle 4 DATE PURCH	Vehicle 4 NEW/USED

VEH	VEH#	NEW	SYMBOL	TERR	MILE 1 WAY	# DAYS	# WKS	USAGE	PER- FORM	MULTI- CAR	CAR POOL	GAR- AGED	ODOMETER	ANNUAL	GOVERN	DRIVER	USE %	DATE	DATE	NEW/
			AGE	GRP	WK/SCHL	WEEK	MONTH						READING	MILEAGE	MENT	USE	(Each veh must equal 100%)	LEASED	PURCH	USED
	Vehicle 1		\$12,	Veh-	Veh-	Ve-	Ve-	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1
	Vehicle 2		\$12,	Veh-	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2
	Vehicle 3		\$12,	Veh-	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3
	Vehicle 4		\$12,	Veh-	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4

VEH	PASSIVE	AIRBAG	ANTI-LOCK	ANTI-THEFT	DEVICES	CREDITS	SURCHARGES	PASSIVE	AIRBAG	ANTI-LOCK	ANTI-THEFT	DEVICES	CREDITS	SURCHARGES
	SEAT BELT	DRIVE BOTH	SEAT 24	SEAT 24				SEAT BELT	DRIVE BOTH	SEAT 24	SEAT 24			
Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1	Vehicle 1
Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2	Vehicle 2
Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3	Vehicle 3
Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4	Vehicle 4

COVERAGES

PREMIUM

Bottom Seat Bottom

Reading Radi-e VEH#

Bas-si- Bottom

Seat Belt Bottom

COVERAGES	PREMIUM	Bottom Seat Bottom	Reading Radi-e VEH#	Bas-si- Bottom	Seat Belt Bottom
Single Limit Liability (CSL)	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Bodily Injury Liability	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Property Damage Liability	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Medical Payments	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Uninsured/Underinsured Motorists	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Uninsured Motorists	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Comprehensive	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Collision	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
ACV UNLESS AMOUNT STATED	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
TOWING & LABOR	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
TRANS EXP/RENTAL RE	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000

ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)

POLICY FEE: \$

TOTAL PER VEHICLE

ESTIMATED TOTAL

DEPOSIT

BALANCE DUE

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	STDY >100	GOOD DRV	TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Robin W. Smith	Resident	1	Related to Applicant	12/25/2025	Resident	12/25/2025	1	GOOD	DRV	12/25/2025	Resident 1 Driver's	456-45-4567
2	Robin W. Smith	Resident	2	Related to Applicant	12/25/2025	Resident	12/25/2025	1	GOOD	DRV	12/25/2025	Resident #2 ID State's	456-45-4567
3	Robin W. Smith	Resident	3	Related to Applicant	12/25/2025	Resident	12/25/2025	1	GOOD	DRV	12/25/2025	Resident #3 ID State's	456-45-4567
4	Robin W. Smith	Resident	4	Related to Applicant	12/25/2025	Resident	12/25/2025	1	GOOD	DRV	12/25/2025	Resident #4 ID State's	456-45-4567
5	Robin W. Smith	Resident	5	Related to Applicant	12/25/2025	Resident	12/25/2025	1	GOOD	DRV	12/25/2025	Resident #5 ID State's	456-45-4567

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

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE
1	12/25/2025	LOREM IPSUM DOLOR SIT AMET, CONSECTETUR ADIPISCING ELIT, SED DO EIUSMOD TEMPOR.	123 Main St, San Francisco CA, 94106	X	\$12,345.67

ACORD 90 IL (2000/08)

PLEASE COMPLETE REVERSE SIDE

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VEH #	ADDITIONAL	INTEREST	NAME AND ADDRESS
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EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

PRIOR COVERAGE

GENERAL INFORMATION

REMARKSBINDER/SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES

X	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.
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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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED/UNDERINSURED (UI/UIM) MOTORISTS BODILY INJURY (BI) COVERAGE UP TO THE LIMIT(S) OF MY HOME-ABILITY COVERAGE, AND UM PROPERTY DAMAGE COVERAGE AS APPLICABLE. I HAVE SELECTED THE LIMITS INDICATED HERE AND IN THE STATE SUPPLEMENT.

APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	
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