

ACORD™

COLORADO PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)  
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

TELEPHONE NUMBER

(555) 444-3333

CO/PLAN

COPLAN

POL#:

POL#

ACCT#:

ACCT#

EFFECTIVE DATE

12/25/2025

EXPIRATION DATE

12/25/2025

DIRECT BILL

AGENCY BILL

PAYMENT PLAN

Payment Plan

CODE:

SUBCODE:

AGENCY CUSTOMER ID

RESIDENCE

CURRENT RESIDENCE IS CODE OWNED SUBCODE RENTED

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

YRS AT ADDR CURR

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 PURCH	NEW/USED
Vehicle 1	Vehicle 1 Year	Vehicle 1 Make, Model and Body Type	Vehicle 1 VIN/Registered State	Vehicle 1 HP/CC	Vehicle 1 Date Purch	Vehicle 1 New/Used
Vehicle 2	Vehicle 2 Year	Vehicle 2 Make, Model and Body Type	Vehicle 2 VIN/Registered State	Vehicle 2 HP/CC	Vehicle 2 Date Purch	Vehicle 2 New/Used
Vehicle 3	Vehicle 3 Year	Vehicle 3 Make, Model and Body Type	Vehicle 3 VIN/Registered State	Vehicle 3 HP/CC	Vehicle 3 Date Purch	Vehicle 3 New/Used
Vehicle 4	Vehicle 4 Year	Vehicle 4 Make, Model and Body Type	Vehicle 4 VIN/Registered State	Vehicle 4 HP/CC	Vehicle 4 Date Purch	Vehicle 4 New/Used

VEH	CLASS	NEW	SYMBOL	TERR	MILE 1 WAY	# DAYS	# WKS	USAGE	PER- FORM	MULTI- CAR	CAR POOL	GAR- AGED	ODOMETER	ANNUAL	GOVERN	DRIVER USE	VEH MUST	CLASS
Vehicle 1	Vehicle 1 Class	Vehicle 1 New	Vehicle 1 Symbol	Vehicle 1 Terr	Vehicle 1 Mile 1 Way	Vehicle 1 # Days	Vehicle 1 # Wks	Vehicle 1 Usage	Vehicle 1 Per-Form	Vehicle 1 Multi-Car	Vehicle 1 Car Pool	Vehicle 1 Gar-Aged	Vehicle 1 Odometer	Vehicle 1 Annual	Vehicle 1 Govern	Vehicle 1 Driver Use	Vehicle 1 Veh Must	Vehicle 1 Class
Vehicle 2	Vehicle 2 Class	Vehicle 2 New	Vehicle 2 Symbol	Vehicle 2 Terr	Vehicle 2 Mile 1 Way	Vehicle 2 # Days	Vehicle 2 # Wks	Vehicle 2 Usage	Vehicle 2 Per-Form	Vehicle 2 Multi-Car	Vehicle 2 Car Pool	Vehicle 2 Gar-Aged	Vehicle 2 Odometer	Vehicle 2 Annual	Vehicle 2 Govern	Vehicle 2 Driver Use	Vehicle 2 Veh Must	Vehicle 2 Class
Vehicle 3	Vehicle 3 Class	Vehicle 3 New	Vehicle 3 Symbol	Vehicle 3 Terr	Vehicle 3 Mile 1 Way	Vehicle 3 # Days	Vehicle 3 # Wks	Vehicle 3 Usage	Vehicle 3 Per-Form	Vehicle 3 Multi-Car	Vehicle 3 Car Pool	Vehicle 3 Gar-Aged	Vehicle 3 Odometer	Vehicle 3 Annual	Vehicle 3 Govern	Vehicle 3 Driver Use	Vehicle 3 Veh Must	Vehicle 3 Class
Vehicle 4	Vehicle 4 Class	Vehicle 4 New	Vehicle 4 Symbol	Vehicle 4 Terr	Vehicle 4 Mile 1 Way	Vehicle 4 # Days	Vehicle 4 # Wks	Vehicle 4 Usage	Vehicle 4 Per-Form	Vehicle 4 Multi-Car	Vehicle 4 Car Pool	Vehicle 4 Gar-Aged	Vehicle 4 Odometer	Vehicle 4 Annual	Vehicle 4 Govern	Vehicle 4 Driver Use	Vehicle 4 Veh Must	Vehicle 4 Class

VEH	PASSIVE	AIRBAG	ANTI-LOCK	ANTI-THIEF	CREDITS	VEH	PASSIVE	AIRBAG	ANTI-LOCK	ANTI-THIEF	CREDITS
Vehicle 1	Vehicle 1 Passive	Vehicle 1 Airbag	Vehicle 1 Anti-Lock	Vehicle 1 Anti-Theft	Vehicle 1 Credits	Vehicle 2	Vehicle 2 Passive	Vehicle 2 Airbag	Vehicle 2 Anti-Lock	Vehicle 2 Anti-Theft	Vehicle 2 Credits
Vehicle 2	Vehicle 2 Passive	Vehicle 2 Airbag	Vehicle 2 Anti-Lock	Vehicle 2 Anti-Theft	Vehicle 2 Credits	Vehicle 3	Vehicle 3 Passive	Vehicle 3 Airbag	Vehicle 3 Anti-Lock	Vehicle 3 Anti-Theft	Vehicle 3 Credits
Vehicle 3	Vehicle 3 Passive	Vehicle 3 Airbag	Vehicle 3 Anti-Lock	Vehicle 3 Anti-Theft	Vehicle 3 Credits	Vehicle 4	Vehicle 4 Passive	Vehicle 4 Airbag	Vehicle 4 Anti-Lock	Vehicle 4 Anti-Theft	Vehicle 4 Credits

COVERAGES/PREMIUMS

Devices and Surcharges

COVERAGES	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
BODILY INJURY LIABILITY	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
PROPERTY DAMAGE LIABILITY	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
PERSONAL INJURY PROTECTION	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
ADDED PERSONAL INJURY PROTECTION	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
MEDICAL PAYMENTS	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
UNINSURED MOTORISTS	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
COMPREHENSIVE	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67
COLLISION	\$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
TOWING & LABOR	\$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
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)	\$12,345.67	\$12,345.67	\$12,345.67	\$12,345.67

ESTIMATED TOTAL

345.67

DEPOSIT

\$12,345.67

BALANCE DUE

\$12,345.67

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

#	NAME	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT	GOOD	DRV	ACC	PREV	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
12,345	Robin W. Smith	Male	Single	Applicant	12/25/1985	Resident	12/25/2025	State	Country	12/25/2025	Resident	12/25/2025	Resident 1 Drivers	456-45-4567
12,345	Robin W. Smith	Male	Single	Applicant	12/25/1985	Resident	12/25/2025	State	Country	12/25/2025	Resident	12/25/2025	Resident 2 Drivers	456-45-4567
12,345	Robin W. Smith	Male	Single	Applicant	12/25/1985	Resident	12/25/2025	State	Country	12/25/2025	Resident	12/25/2025	Resident 3 Drivers	456-45-4567
12,345	Robin W. Smith	Male	Single	Applicant	12/25/1985	Resident	12/25/2025	State	Country	12/25/2025	Resident	12/25/2025	Resident 4 Drivers	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 12,345 YEARS?

YES

NO

DATE OF ACCIDENT/CONVICTION

DESCRIPTION OF ACCIDENT OR CONVICTION

PLACE OF ACCIDENT/CONVICTION

BI OR DEATH

AMOUNT OF PROPERTY DAMAGE

Acci-Conviction 1 Type

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

\$12,345.67

X

\$12,345.67

### **ADDITIONAL INTEREST**

VEH #	X	ADDL INT	NAME AND ADDRESS Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor	LOAN NUMBER
Ad- divi		LOSS PAY		Additional Interest 1 Loan Number
VEH #	X	ADDL INT	NAME AND ADDRESS Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor	LOAN NUMBER
Ad- divi		LOSS PAY		Additional Interest 2 Loan Number

**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	12,	12,
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	12,	12,

## PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER Prior Carrier and Producer	# OF YEARS W/ COMPANY 12,345	PRIOR POLICY NUMBER/EXPIRATION DATE Prior Policy Number/Expiration Date
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## 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		
				10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	X		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)	X			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?	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						
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	MOTOR VEHICLE REPORT
	X	NO-FAULT APPLICATION	X	PHOTOGRAPH
	X	YOUNG DRIVER QUESTIONNAIRE	X	BILL OF SALE
	X	DRIVER TRAINING CERTIFICATE	X	Attachment - Bill of
	X	GOOD STUDENT CERTIFICATE	X	Sale Text - Driver
FOR COMPANY USE ONLY	X	ANTI-THEFT DEVICE CERTIFICATE	X	Attachment Certificate
For Company Use Only	X	MEDICAL STATEMENT	X	Text The find Medical

## ATTACHMENTS

X	STATE SUPPLEMENT	X	MOTOR VEHICLE REPORT
X	NO-FAULT APPLICATION	X	PHOTOGRAPH
X	YOUNG DRIVER QUESTIONNAIRE	X	BILL OF SALE
X	DRIVER TRAINING CERTIFICATE	X	Attachment - Bill of Sale
X	GOOD STUDENT CERTIFICATE	X	Attachment - Driver Training Certificate
X	ANTI-THEFT DEVICE CERTIFICATE	X	Attachment - Certificate
X	MEDICAL STATEMENT	X	Attachment - Medical Statement

**BINDER/SIGNATURE**

INSURANCE BINDER			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.
EFFECTIVE DATE 12/25/2025	EXPIRATION DATE 12/25/2025		
TIME Insurance Binder Time X	X	12:01 AM	
		NOON	
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.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. IN ADDITION, IF THE COLORADO MOTOR VEHICLE INSURANCE 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
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I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THE LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS BUT NEED NOT BE AVAILABLE IN EXCESS OF \$100,000/\$300,000. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (INITIALS)

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 (MM/DD/YY) 12/25/2025	PRODUCER'S SIGNATURE
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