

<div><div>ACORDTM</div><div>DISTRICT OF COLUMBIA PERSONAL AUTO APPLICATION</div></div>										DATE (MM/DD/YY)				
<div>PRODUCER</div> <div>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.</div> <div>CODE:SUBCODE:</div> <div>AGENCY CUSTOMER ID</div>					<div>APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)</div> <div>123 Main St, San Francisco CA, 94106</div>							<div>NAIC CODE</div> <div>NAIC Code</div>		
												<div>TELEPHONE NUMBER</div> <div>(555) 444-3333</div>		
					<div>CO/PLAN</div> <div>Coplan</div>				<div>POL#:</div>					
					<div>EFFECTIVE DATE</div> <div>12/25/2025</div>				<div>EXPIRATION DATE</div> <div>12/25/2025</div>		<div>X</div>		<div>DIRECT BILL</div> <div>AGENCY BILL</div>	
					<div>ACCT#:</div> <div>Policy Number</div>				<div>PAYMENT PLAN</div> <div>Payment Plan</div>					
<div>RESIDENCE</div>			<div>CURRENT RESIDENCE IS</div>		<div>X</div>		<div>OWNED</div>		<div>RENTED</div>		<div>GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)</div>			
<div>YRS AT ADDR</div> <div>CURR</div>		<div>PREV</div>		<div>PREVIOUS ADDRESS (If less than 3 years)</div>					<div>VEH</div> <div>#</div>		<div>123 Main St, San Francisco CA, 94106</div>			

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
1	12,345	Vehicle 1 Make, Model, Body Type										Vehicle 1 VIN/Registered State				Vehicle 1/2025	1 New
2	12,345															Vehicle 2/2025	2 New
	12,345	Vehicle 2 Make, Model, Body Type										Vehicle 2 VIN/Registered State				Vehicle 2/2025	1 Used
	12,345											Vehicle 3 VIN/Registered State				Vehicle 3/2025	3 New
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY W/KSCHL	# 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	
Vehicle 1	12,345	1	Vehicle 1	Vehicle 1	12	2,345	Vehicle 1 Usage	Vehicle 1 Per-Form	Vehicle 1 Multi-Car	Vehicle 1 Car Pool	Vehicle 1 Gar-Aged	Vehicle 1 Odometer Reading	12,345	121	Governor 50%	50.3%	Vehicle 1 Class
Vehicle 2	12,345	2	Vehicle 2	Vehicle 2	32	2,345	Vehicle 2 Usage	Vehicle 2 Per-Form	Vehicle 2 Multi-Car	Vehicle 2 Car Pool	Vehicle 2 Gar-Aged	Vehicle 2 Odometer Reading	12,345	122	Governor 30%	30.3%	Vehicle 2 Class
Vehicle 3	12,345	3	Vehicle 3	Vehicle 3	32	2,345	Vehicle 3 Usage	Vehicle 3 Per-Form	Vehicle 3 Multi-Car	Vehicle 3 Car Pool	Vehicle 3 Gar-Aged	Vehicle 3 Odometer Reading	12,345	123	Governor 30%	30.3%	Vehicle 3 Class
Vehicle 4	12,345	4	Vehicle 4	Vehicle 4	32	2,345	Vehicle 4 Usage	Vehicle 4 Per-Form	Vehicle 4 Multi-Car	Vehicle 4 Car Pool	Vehicle 4 Gar-Aged	Vehicle 4 Odometer Reading	12,345	124	Governor 30%	30.3%	Vehicle 4 Class
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-THIEF DEVICES	CREDITS AND SURCHARGES	AGE	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-THIEF DEVICES	CREDITS AND SURCHARGES	AGE					
X	X	X	X	Vehicle 1	Vehicle 1 Credits	Age 1	X	X	X	Vehicle 2	Vehicle 2 Credits	Age 2					
X	X	X	X	Vehicle 2	Vehicle 2 Credits	Age 2	X	X	X	Vehicle 3	Vehicle 3 Credits	Age 3					

COVERAGES/PREMIUMS-ryDevices					Limits of Liability					VEHICLE #		VEHICLE #		VEHICLE #		VEHICLE #	
SINGLE LIMIT LIABILITY (CSL)					\$ EA ACCIDENT					\$ 12,		\$ 12,		\$ 12,		\$ 12,	
BODILY INJURY LIABILITY					\$ EA PERSON \$ EA ACCIDENT					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
PROPERTY DAMAGE LIABILITY					\$ EA ACCIDENT					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
PERSONAL INJURY PROTECTION					\$ DED X \$ MED-ICAL \$ WK LOSS \$ 4000 FU-NERAL					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
MEDICAL PAYMENTS					\$ EA PERSON					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
UNINSURED MOTORISTS					CSL/BI \$ EA PERSON \$ EA ACCIDENT					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
					PD \$ EA ACCIDENT					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
UNDERINSURED MOTORISTS					CSL/BI \$ EA PERSON \$ EA ACCIDENT					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
					PD \$ EA ACCIDENT					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
COMPREHENSIVE DED					\$ 12, \$ 12, \$ 12, \$ 12,					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
COLLISION DED					\$ 42,67 \$ 42,67 \$ 42,67 \$ 42,67					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
ACV UNLESS AMOUNT STATED					\$ 42,67 \$ 42,67 \$ 42,67 \$ 42,67					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
TOWING & LABOR					\$ 42,67 \$ 42,67 \$ 42,67 \$ 42,67					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
TRANS EXP/RENTAL RE					\$ 345,67 \$ 345,67 \$ 345,67 \$ 345,67					\$ 42,67		\$ 42,67		\$ 42,67		\$ 42,67	
										\$ 345,67		\$ 42,67		\$ 42,67		\$ 42,67	
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)					TOTAL PER VEHICLE					\$ 12,		\$ 42,67		\$ 42,67		\$ 42,67	
										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	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STD>100	GOOD STD	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
	Robin W. Smith	Resident 1	Related	Spouse	2/25/1961	Resident	12/25/2025	X			12/25/2025	Resident 1 Driver	456-45-4567
	Robin W. Smith	Resident 2	Related	Spouse	2/25/1961	Resident	12/25/2025	X			12/25/2025	Resident 2 Driver and	456-45-4567
	Robin W. Smith	Resident 3	Related	Spouse	2/25/1961	Resident	12/25/2025	X			12/25/2025	Resident 3 Driver and	456-45-4567
	Robin W. Smith	Resident 4	Related	Spouse	2/25/1961	Resident	12/25/2025	X			12/25/2025	Resident 4 Driver and	456-45-4567
	Robin W. Smith	Resident 5	Related	Spouse	2/25/1961	Resident	12/25/2025	X			12/25/2025	Resident 5 Driver and	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?				YES	<input checked="" type="checkbox"/>	NO	IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	B OR DEATH YES	NO	AMOUNT OF PROPERTY DAMAGE			
Ac-ci-	Convictions	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Accidents/Convictions Indicate	X		\$12,345.67			

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

PRIOR COVERAGE

GENERAL INFORMATION

REMARKS

BINDER/SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.

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.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF UNDERINSURED MOTORISTS LIMITS ARE NOT INDICATED, I HAVE ELECTED NOT TO PURCHASE THIS COVERAGE.

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

ACORD 90 DC (2/97)