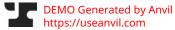
ACORD _™ DISTRICT OF COLUMBIA PERSONAL AUTO APPLICATION								DATE (MM/DD/YY)		
PRODUCER		APPLICANT'S NAME AND					•			
Lorem ipsum dolor sit						NAIC COD				
adipiscing elit, sed do	eiusmoa tempor.	123 Main St, S	an Fra	ncisco C	A 94106	NAIC	Code			
	120 IVIAIII 31, 3	an ridi	ricisco C	A, 24100		NE NUMBER				
						(555)	444-333	33		
		CO/PLAN			POL#:					
CODE:	SUBCODE:	Coplan			асст#: Policy					
AGENCY CUSTOMER ID			EXPIRATION	/	DIRECTOILL	PAYMENT PLAN				
		12/25/2025 1	12/25/2025		AGENCY BILL	Payment Pla	an			
	RESIDENCE IS X OWNED	RENTED		RAGE LO	CATION IF DIFF	FROM ABOVI	E (Inc cou	unty & ZIP)		
(RS AT ADDR CURR PREV	f less than 3 years)		VEH #	123 Ma	ain St, San Fra	ncisco CA, 9	4106			
VEHICLE DESCRIPTION/US	 BE		TOTAL	L NUMBER O	F VEHICLES IN HOUSE	HOLD:				
EH YEAR	MAKE, MODEL AND BODY TYPE			VII	N/REGISTERED STATE		HP/CC	DATE NEV PURCH USE		
Numbrer Vehicle 1 Ma		Vehic	le 1 VIN	/Registered S	tate	Veh-	Valzi/215 1 N			
! NLiznitalesr						Noteth-	Vel i200:215 2 N			
	ke, Model, Body Type		Vehic	le 2 VIN	/Registered S	tate	Vilentic	e <i>1220125</i> w/L		
12,345	· , , , , , , , , , , , , , , , , , , ,		Vehi	cle 3 VIN	N/Registered S	State	12de2dr/ - 1	Verbaid 25 B N		
COST NEW SYMBOL AGE GRP TERR	MILE 1 WAY # DAYS # WKS WK/SCHL WEEK MONTH USAGE FORM	MULTI- CAR GAR- ODO! CAR POOL AGED REA	METER ADING	ANNUAL MILEAGE	GOVERN DRIVER US	E % (Each veh must	equal 190%) /2@24ss		
tai \$ N2ımberVeh- Veh-	Veh- 12,12,346/heiblie/leh				niche21 Govert					
tai \$148 ,670en/den- i/den-	Model 32,12,34 5 1 2,18 1 2 1				nic 1823 Govers					
tai \$4\B ,670erikeen- ikeen-	Note: 32,12,345,000,000				nic 1823 Govers					
tai \$4\ Bu67oer % den- Xtete -	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.				nicitiza doversii					
PASSIVE AIRBAG ANTILOCI				AIRBAG T DRV/BOTH	ANTI-LOCK BBAKES 2/4 ANTI-		•	D SORCHARGES		
X X Stylo- Ligge-	-	le 1 Credits Age	eur.	X				2 Credits		
X X Style- Signe-		ler Bhanephits	Χ	X				4hCaneophiss		
COVERAGES/PREMIUMS-		<u>urcharges</u>						<u>charges</u>		
COVERAGES UD	ryDevices LIM	MITS OF LIABILITY			VEHICLE # Dev		HICLE #	VEHICLE #		
SINGLE LIMIT LIABILITY (CSL)	\$ EA ACCID	DENT					\$12,	\$ \$12,		
SODILY INJURY LIABILITY	\$ EA PERSO	ON \$	E	A ACCIDENT			\$42, 67	\$ \$42, 67		
PROPERTY DAMAGE LIABILITY	\$ EA ACCID				\$ 342, 67	\$42, 67 \$	\$43, 67	\$ \$42, 67		
PERSONAL INJURY PROTECTION	\$ DED X \$ ME	ED- W CAL \$ LOS	SS \$4	4000 NER	u- aL \$ \$45 ,67	\$42, 67 \$	\$45 ,67	\$ \$42 ,67		
MEDICAL PAYMENTS	\$ EA PERSO	ON			\$ 342 ,67	\$42, 67 \$	\$42, 67	\$ \$42 ,67		
JNINSURED CSL/BI	\$ EA PERSO	ON \$	E	EA ACCIDENT	\$ \$42 ,67	\$42 ,67 \$	\$45 ,67	\$ \$45 ,67		
MOTORISTS PD	\$ EA ACCID	DENT			\$ 342 ,67		\$42, 67			
JNDERINSURED CSL/BI			Е	EA ACCIDENT			\$42, 67	\$ \$42 ,67		
MOTORISTS PD		· · · · · · · · · · · · · · · · · · ·					\$42, 67	\$ \$42, 67		
COMPREHENSIVE DED	+40 +40	\$ \$12,	\$	\$12,			\$42, 67	\$ \$42 ,67		
COLLISION DED	\$40.CT \$40.C			\$42 ,67			\$42, 67	\$ \$42 ,67		
ACV UNLESS AMOUNT STATED	\$ \$42 ,67			\$42, 67 \$42, 67			\$42, 67	\$ \$42 ,67		
OWING & LABOR	\$ \$42 ,67			\$42, 67 \$42, 67			\$42, 67	\$ \$42 ,67		
				345 <i>/</i> 67			-	\$ \$42, 67		
FRANS EXP/RENTAL RE	\$ 345 <i>l</i> 67 \$ 345 <i>l</i> 6	57 \$ 345 <i>/</i> 67	\$.	J4J/U/			\$45,67			
ADDITIONAL COVERAGES/ENDOPSE	 MENTS (Include limit, deductible, premium))		TOTAL PE	\$ 345.67 S		\$45,67	\$ \$45,67		
	(morado innit, deddolibie, premium)	,		TOTAL PE VEHICLE			\$45,67	\$ \$45,67		
						L 345.67EPOSIT		BALANGEDUET		
						\$	\$			
KESIDENT & DRIVER INFO	RMATION [List all residents of	& dependents (licer	nsed or	not) and	regular operator					
	SEX MAR REL TO DATE OF BIRT	TH OCC DATE			OOL DATE	RS LICENSE #/LIC S		CIAL SECURITY		
# NAME	Resident 11 Malaka 5 tal/as					dent 1 Drive	-	56-45-4567		
Robin W. Smith	Residento 21 121 Slated 5 1201 2245					dsent/Qu Dinbiveer		56-45-4567		
Robin W. Smith Robin W. Smith			55/ X	1 1 1	20 <i>22</i> 5/ Ritesti	alsen NBI Dirbivee	rand 4	56-45-4567		
Robin W. Smith Robin W. Smith	Residentia Distated 5 2 2 2 2 2 5	5 plice 2025	<i>D</i> / \		AULZOI DIGERII		idiid ii	00 10 1001		
Robin W. Smith Robin W. Smith Robin W. Smith Robin W. Smith						alsen (V4) Dirbivee		56-45-4567		
Robin W. Smith	Residentia Biologico Sitemas Residentia	policipatio 2022	55/ X		20 <i>22</i> 5/ Rices i	alsen tV41 iDnbivee	rand 4			
Robin W. Smith	Resident 3 Distated 5 12 125 Resident 4 Mislated 5 12 125 Resident 5 Distated 5 12 125 6 (Note: Your driving re20 125)	501 c Batsid- 2023 501 c Batsid- 2023 s ver Bad 5vith 2065	55/ X 55/ X		20 <i>22</i> 5/ Steedi 20 <i>22</i> 5/ Steed	alsen (V&) Dirbivee alsen (V&) Dirbivee	rand 4	56-45-4567		
Robin W. Smith	Resident 3 Distated 5 12 125 Resident 4 Mislated 5 12 125 Resident 5 Distated 5 12 125 6 (Note: Your driving re20 125)	501 c Batsid- 2023 501 c Batsid- 2023 s ver Bad 5vith 2065	55/ X 55/ X state mo	otor vehic	20 <i>22</i> 5/ Riceti 20 <i>22</i> 5/ Riceti BOdé partm bital	dsent VIII Dirbieer dsent VIII Dirbieer dse Number	rand 4 rand 4 and	56-45-4567 56-45-4567		
Robin W. Smith	Resident 3 Meleted States Resident 4 Meleted States Resident 5 Meleted States Resident 5 Meleted States 6 (Note: Your driving records D AN ACCIDENT, CONVICTED OF A MOVING VIOLATION	501 c Batio 2022 501 c Batio 2022 is ver Bad5 vith2065 N WITH OUT WE LAST	5/ X 5/ X state mo	otor vehic	20225/ Ricedia 20225/ Ricedia Redepartmentalis s X No Steelin	disent V4. Dirbivee disent V5. Dirbivee dise Number ss, INDICATE BELOT PREHENSIVE INSU	rand 4: and and w. ALSO INCRANCE LOS	56-45-4567 56-45-4567 CLUDE SES.		
# NAME Robin W. Smith F ACCIDENTS/CONVICTIONS HAS ANY DRIVER SHOWN ABOVE HA REGARDLESS OF FAULT, OR BEEN DRV DATE OF FAULT, OR BEEN DRV ACCIDENT/CONVICTION	Resident 3 Meleted States Resident 4 Meleted States Resident 5 Meleted States Resident 5 Meleted States 6 (Note: Your driving records D AN ACCIDENT, CONVICTED OF A MOVING VIOLATION	501 cantiol 2022 501 cantiol 2022 s veraled ovith 2025 n with a tipe last of acqueinder convic	5/ X 5/ X state mo YEARS?	otor vehic	2025/ Riceiu 2025/ Riceiu Rodepartmenticus S X No Steon	dsent VIII Dirbieer dsent VIII Dirbieer dse Number	rand 4 rand 4 and	56-45-4567 56-45-4567 CLUDE SES.		



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ADDITIONAL INTEREST VEH # X ADDL INT NAME AND ADDRESS Ad- X LOSS DAY LOSS								mod	LOAN NUMBER Additional Interest 1				
VEH# X ADDLINT NAME AND ADDRESS Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod									Loan Member Additional Interest 2				
EMPLOYMENT INFORMATION (* If less tha	n 2 years, provide n	ame o	of pr	evious	emplo	yer and	previous o	ccupation	under Rema			s w/	
Applicant's Employer	Employer 123 Main St, Sar				n Francisco CA, 94106 (55					12,	12) -,	
CO-APPLICANT'S EMPLOYER ADDRESS OF EMPLOYMEN 123 Main St, Sar									HONE NUMBER 4-3333	YEARS N CURR EMP 12,	PREVE 12	STYIII EMPL I	
PRIOR COVERAGE			# OF	YFARS	BBIOE	POLICY N	UMBER/EXPIRA	TION DATE		345	34	.5	
Nigor Carrier and Producer				YEARS OMPANY 345			y Numbe		on Date				
GENERAL INFORMATION												_	
EXPLAIN ALL "YES" RESPONSES IN REMARKS	NY VEHICLES	YES	NO		9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)						YES I	10	
1 WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				10. ANY [0. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?						Х		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include custo		X	_	11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?							X		
 ANY EXISTING DAMAGE TO VEHICLE? (Include damaged g ANY OTHER LOSSES INCURRED (not shown in Accident/Co 		X	_	ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing) HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?							X		
5. ANY CAR KEPT AT SCHOOL?		X		Question 12 - Financial Responsibility Filing Details									
6. ANY CAR PARKED ON STREET?		X	_	Ques	CIOII	12 - FII	ialiciai Re	sponsibil	ity Filing D	etalis	Х		
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)					15. IS THIS BROKERED BUSINESS TO THE AGENT? 16. HAS AGENT INSPECTED VEHICLE?								
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List poli- REMARKS	cy number)	X	<u>. </u>	16. HAS F		TACHM					X	_	
Lorem ipsum dolor sit amet, consec	tetur adipiscing e	elit, s	ed o	do	Χ		T APPLICATION	X	PHOTOGRAPH	1			
eiusmod tempor.					X	YOUNG D	RIVER QUESTIC		BILL OF SALE				
					X		RAINING CERTI						
					X		UDENT CERTIF						
					X		STATEMENT	TIEUGAVIECE (Ce (20) idi tica il tar el ((C/cont iofinc) a			mt	
					X		EHICLE REPOR				_		
FOR COMPANY USE ONLY					•	•		,	Details A		_		
For Company Use Only									Text				
BINDER/SIGNATURE	IDER" BOX TO THE LEF	T IS C	OMP	I ETED 1	THE E		G CONDITION	NS APPLY:					
EFFECTIVE DATE EXPIRATION DATE THIS COM	TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY									JBJEC	т		
12/25/2025 12/25/2025 THIS BIND													
Pindor Timo A 12:01 AM BY NOTICE	STATING WHEN CAN E TO THE INSURED I	N ACC	CORD	ANCE W	/ITH T	HE POLI	CY CONDITION	ONS. THIS E	BINDER IS CA	NCELLED	WHE	Ν	
PREMIUM I) BY A POLICY. IF THI FOR THE BINDER ACC	ORDIN	G TC	THE RU	LES A	ND RATE	S IN USE BY	THE COMPA					
X COVERAGE IS NOT BOUND SUBJECT 1 NOTICE OF INSURANCE INFORMATION PRACTICES	O VERIFICATION AND	ADJUS	STME	NT, WHE	N NE	CESSARY	, BY THE CO	MPANY.					
PERSONAL INFORMATION ABOUT YOU MAY B AND PRIVILEGED INFORMATION COLLECTED B THE RIGHT TO REVIEW YOUR PERSONAL INFOESCRIPTION OF YOUR RIGHTS AND OUR P BROKER FOR INSTRUCTION ON HOW TO SUBMIT	Y US OR OUR AGEN' FORMATION IN OUR F RACTICES REGARDIN	TS MA FILES	Y IN AND	CERTAI CAN RE	N CIR	CUMSTAI ST CORR	NCES BE DIS ECTION OF	SCLOSED TO ANY INACC	O THIRD PAR ⁻ URACIES. A M	TIES. YOU MORE DE	J HAV TAILE	E D	
ANY PERSON WHO KNOWINGLY AND WITH INTE CONTAINING ANY MATERIALLY FALSE INFORMA THERETO, COMMITS A FRAUDULENT INSURANCE	TION, OR CONCEALS	FOR 7	THE F	PURPOSI	E OF	MISLEADI	ing inform/	ATION CONC	CERNING ANY	FOR INSU	IRANC TERIA	Ľ E	
APPLICANT'S STATEMENT: I HAVE READ THE FOREGOING STATEMENTS ARE TRUE. IN ADDITHAT I UNDERSTAND THE RATES FOR THIS COTO OBTAIN COVERAGE DESIRED THROUGH THE	TION, IF THE AUTO F OVERAGE ARE HIGHEI	PLAN (R THA	OR C N NC	OMPANY	DES '	IGNATED	IN THIS API	PLICATION I	S NON-STAND	DARD, I C	ERTIF	Υ	
PRODUCER'S STATEMENT: I CERTIFY TO THE BE APPLICANT IS THE PI	ST OF MY KNOWLEDG					SIGNATU	RE OF THE	HOW I	LONG HAVE YOU IN THE APPLICAN	How	/ Lon	g	
I ACKNOWLEDGE I HAVE BEEN OFFERED UNIN COVERAGE. I HAVE SELECTED THE LIMITS ELECTED NOT TO PURCHASE THIS COVERAGE.	ISURED AND UNDERININDICATED IN THIS A	NSURE APPLIC	D MC	OTORIST DN. IF L	S CO	VERAGE RINSURED	UP TO THE MOTORIST	LIMIT(S) OF S LIMITS A	MY BODILY II RE NOT IND	NJURY) b ICATED This	AB HLIT I HAV	Ϋ́Ε	
I HAVE ALSO BEEN OFFERED OPTIONAL PERSON		ON CC						JVVING:	roduc- r's (N		lican	t	
1. AUTO MEDICAL EXPENSE COVERAGE	(INITIALS)			3. FUNE	RAL E	XPENSE (COVERAGE		tatem-	IITIALS)			
2. WORK LOSS COVERAGE I UNDERSTAND THAT THE COVERAGE SELECTI AND CHANGES UNLESS I NOTIFY YOU OTHERWIS		ES INC	OICAT	ED HER	E WIL	L APPLY	TO ALL FUT	JRE POLIC		CONTINU	ATION	 S	
APPLICANT'S SIGNATURE		DAT	E (MM	I/DD/YY)		DUCER'S			pplica-			_	
A CORD OF DO (0/07)					Jidi				nurafi-				

ACORD 90 DC (2/97)