

AGENCY CUSTOMER ID	SUBCODE:						(555) 444-3	IC CODE IAIC Code LEPHONE NUMBER 555) 444-3333				
RESIDENCE CURRENT F RS AT ADDR PREVIOUS ADDRESS (IF	SOBCODE.	Copian	co/PLAN Coplan				er mher					
RS AT ADDR PREVIOUS ADDRESS (IF	AGENCY CUSTOMER ID		EFFECTIVE DATE EXPIRATION DATE 12/25/2025 12/25/2025				ACCT#: ACCOUNT NUMBER DIRECT X MAIL POLICY TO AGENT AGENCY X MAIL POLICY PAYMENT PLAN AGENCY X MAIL POLICY PAYMENT PLAN Payment Plan TO APPL Payment Plan					
	RESIDENCE IS X OWNE							county & ZIP)				
TIT RAIN TOO IVIDIII OL S	• •	94106	VEH #	123 Ma	ain St, Sa	n Francisco	CA, 94106					
51												
WEHICLE DESCRIPTION/USI	MAKE, MODEL AND BOD	N TVDE	TOTA		F VEHICLES II	N HOUSEHOLD:	HP/0	CC DATE NEV				
	ke Model Body Tyl		Vehi			red State		eh-Velzizze 1 N				
NLINBAEr	<u></u>				g			en-Vella0252N				
Numbre Vehicle 3 Mak	ke Model Body Tyj	oe	Vehi	cle 3 VIN	l/Registe	red State	N/cet	ben- V elbalotzkes 3 N				
12,345			Veh	icle 4 VII	N/Registe	ered State	1214	84-Veltato 254 N				
			DOMETER READING	ANNUAL MILEAGE		RIVER USE % (Each						
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PASSIVE - AIRBAG ANTLOCK	MARTINEZ DE SI	CREDITS AND SURCHARGES	PASSIVI	E AIRBAG	ANTA-LOCK BRAKES 2/4	ANT ZIREFTZIE		S AND SURCHARGES				
			gecX	LT DRV/BOTI	H BRAKES 2/4	Versive lesse		s and surcharcoes le 2 Credits				
	3	Verlicie i Credits A	X	X	X	Wedive legale		Slær4hCaneoptiss				
		and Surcharges	- / /	- / /	- / /	And in the same		Surcharges				
	ryDevices	LIMITS OF LIABILITY			VEHICLE	# Demining						
SINGLE LIMIT LIABILITY (CSL)		EA ACCIDENT			\$ \$12,	BMF-\$ 1800F;	s 191 172,	s \$12,				
BODILY INJURY LIABILITY	\$	EA PERSON \$ Bodily I	njury	EA ACCIDEN	т \$ 342,	67 B WF- \$4 BWF;	67 \$ \$\$ 12,6	\$ \$42, 67				
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT \$ Practical Ety		DEDUCTIBLE		67 2017-\$42007 ;						
MEDICAL PAYMENTS	\$	EA PERSON Damag				67 2s-\$486 ;						
JNINSURED CSL/BI MOTORISTS PD		EA PERSON \$ Lability		EA ACCIDEN		67 2sr \$482r,0						
10		EA ACCIDENT Motoris				67 2s \$488,6						
JNDERINSURED CSL/BI MOTORISTS		EA PERSON \$ Limit		EA ACCIDEN	7							
FD	\$ \$ \$12,	\$12, \$ \$12,		\$12,	\$ \$42 , \$ \$42 ,							
COMPREHENSIVE DED		\$12, \$ \$12, \$42 ,67 \$ \$42 ,67		\$12, \$42, 67	\$ 342 ,							
ACV UNLESS AMOUNT STATED		\$42,67 \$42, 67 \$42, 67		\$42, 67	\$ \$4 2,							
OWING & LABOR		\$42 ,67 \$ \$42 ,67		\$42 ,67	s \$4 2,							
FRANS EXP/RENTAL RE		345/67 \$ 345/67			2 \$ 342							
	,	,	,	,	\$ 34 2							
ADDITIONAL COVERAGES/ENDORSEM	ENTS (goluge limit, deductible	, premium)	345	TOTAL P VEHICE								
	.67		.67	.6	7 ESTIMAT	1070та 345.6	5 9^{EPOSIT}345. 6	7 BALANGES.WE7				
					\$	\$		\$				
RESIDENT & DRIVER INFOR	SEX MAR REL TO STAT APPLIC	DATE			regular or ACC PREV CSE DATE			T				
* NAME Robin W. Smith	SEX STAT APPLIC	OF BIRTH OCC DAT	725/ X		12/25/	Resident 1		456-45-4567				
	essicsleenen 22 121 Slaikad 6		1237 X 1255/ X		12/25/ 12/25 5/	Resident 1		456-45-4567				
	esichienen 38 1816 leixad (225/ X		10225 /	Riceriolsen NB		456-45-4567				
	asidiahetrat Masiakid (225/ X		20225/	Ritestiolsen (V4		456-45-4567				
	esident 5 Beleited 5		225/ X		20235/	Riversion Sen N.5.		456-45-4567				
Applicable when you a The policy for which y commissioner of insurisks. If the coverage premium is satisfactor	are applying for s	Ubstanda odvitsk ins	u rance	:	2025	Stætese Nu	ımber and	•				

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 2,345 EAST. X YES NO FORM					IF YES, INDI	S, INDICATE BELOW. ALSO INCLUDE PREHENSIVE INSURANCE LOSSES.					
DRV DATE OF # ACCIDENT/CONVICTION DESCRIPTION OF ACCIDE					,,		PLACE OF BI OR DEATH AMOUNT OF ACCIDENT/CONVICTION YES NO PROPERTY DAM				
Acciden							vict		12,		
Numb2/125/2025	Accident/Convid	ction Description					n Locati		X		, 15.67
ADDITIONAL INTERES									T		
A -I ADDLINI	: and address 3 Main St, San Frai	ncisco CA 9/106							Addition		eres
diti- LOSS PAY 12	E AND ADDRESS	11CISCO CA, 94100							LOANNUMBE	ımber	1
Ad- 12	3 Main St, San Frai	ncisco CA. 94106							Addition	hal Int	eres
MPLOYMENT INFOR	MATION (* If less than	n 2 years inrovide na	me of n	revious e	mnlover a	nd nravious	occupatio	n III	Loan Nu	ımber	-2
PLICANT'S EMPLOYER State nature of business if self	-omployed)	ADDRESS OF EMPLOYME	NT	i c v i c u c c	inployer a	na provious	WORK	PHO	NE NUMBER	YEARS V	
Applicant Employe						(555)	444	-3333	12,	12	
APPLICANT'S EMPLOYER State nature of business if self	ER ADDRESS OF EMPLOYMENT					WORK PHONE NUMBER YEARS				V/ YEAR	
6-Applicant Empl		123 Main St, Sa	n Fran	cisco CA	, 94106		(555)	444	-3333	12,	12
RIOR COVERAGE										345	34
RIOR CARRIER AND PRODUC				OMPANY		NUMBER/EXPIR		. 4: -	- Data		
Vigor Carrier and F	roducer		12	,345	Prior Po	licy Numb	er/Expira	olte	n Date		
ENERAL INFORMAT	ION										
TORCH- EXPLAIN ALL "YES" RESPONSES IN REMARKS YES NO EXPLAIN ALL "YES" RESPONSES IN REMARKS							IARKS				YES
WITH THE EXCEPTION OF A	X	9. ANY H	OUSEHOLD M	? (Driv	er number)		X				
2	- V	10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOK							X		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups) X 11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRME 3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) X 12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver)										X	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) A 12. ANY FINANCIAL RESPONSIBILITY FIL 4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)? X 13. HAS INSURANCE BEEN TRANSFERRI)	X	
	`	inviction area)?	X								
ANY CAR KEPT AT SCHOOLANY CAR PARKED ON STRE			X		OVERAGE DEC YEARS?	CLINED, CANCEL	LED, OR NON	-RENI	EWED DURING T	HE	X
. ANY OTHER AUTO INSURAN		any provided by employer)	X	15 IS THIS	BROKERED I	BUSINESS TO TH	F AGENT?				Х
B. ANY OTHER INSURANCE WI	•	• • • • • •	X			TED VEHICLE?	27.02.111.				X
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							•	Χ	MOTOR VEHICL	E REPOR	Т
							•	Χ	PHOTOGRAPH		
FOR COMPANY USE ONLY						X BILL OF SALE					
For Company Use Only						X Attachment Other			her		
BINDER/SIGNATURE											
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TIME X 12 Binder Time	BY NOTICE	E TO THE INSURED IN	ACCOR	DANCE WI	TH THE PO	DLICY CONDIT	TIONS. THIS	S BIN	NDER IS CAN	ICELLED) WHI
N N	PREMIUM F	BY A POLICY. IF THIS FOR THE BINDER ACCO	RDING T	O THE RUL	ES AND RA	TES IN USE B	Y THE COM				
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