



NEVADA 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#: ACCT#: Policy Number		
					EFFECTIVE DATE 12/25/2025		EXPIRATION DATE 12/25/2025
CODE: AGENCY CUSTOMER ID		SUBCODE:		DIRECT BILL AGENCY BILL		PAYMENT PLAN Payment Plan	

RESIDENCE		CURRENT RESIDENCE IS code OWNED Subcode RENTED		GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT ADDR CURR	ADDR PREV	PREVIOUS ADDRESS (If less than 3 years)		VEH #	
12 34	12,345	123 Main St, San Francisco CA, 94106			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
1	12,345	Vehicle 1 Make Model Body Type												Vehicle 1 VIN/Registered State				Veh-	Veh-12/25	1 New
2	12,345																	Veh-	Veh-12/25	2 New
3	12,345	Vehicle 3 Make Model Body Type												Vehicle 3 VIN/Registered State				Veh-	Veh-12/25	3 New
	12,345													Vehicle 4 VIN/Registered State				Veh-	Veh-12/25	4 New
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# 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			
345	\$12,345	Veh-	Veh-	Veh-	12	2,345	Vehicle 1 Usage	Form				Vehicle 1 Odometer Reading	12,345	Vehicle 1 Govern Driver	50.3%	50.3%	Vehicle 1 Class			
345	\$12,67	Veh-	Veh-	Veh-	32	2,345	Vehicle 2 Usage	Form				Vehicle 2 Odometer Reading	12,345	Vehicle 2 Govern Driver	50.3%	50.3%	Vehicle 2 Class			
345	\$12,67	Veh-	Veh-	Veh-	32	2,345	Vehicle 3 Usage	Form				Vehicle 3 Odometer Reading	12,345	Vehicle 3 Govern Driver	50.3%	50.3%	Vehicle 3 Class			
345	\$12,67	Veh-	Veh-	Veh-	32	2,345	Vehicle 4 Usage	Form				Vehicle 4 Odometer Reading	12,345	Vehicle 4 Govern Driver	50.3%	50.3%	Vehicle 4 Class			
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-DEVICES	CREDITS AND SURCHARGES				PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	THEFT-DEVICES	CREDITS AND SURCHARGES							
X	X	5y6-	5pe-	Anti-Theft	Vehicle 1 Credits and Surcharges				X	X	X	Anti-Theft	Vehicle 2 Credits and Surcharges							
X	X	5y6-	5pe-	Anti-Theft	Vehicle 3 Credits and Surcharges				X	X	X	Anti-Theft	Vehicle 4 Credits and Surcharges							

COVERAGES/PREMIUMS- rlyDevices						and Surcharges			
COVERAGES		LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,
BODILY INJURY LIABILITY	\$	EA PERSON		\$ Bodily Injury	EA ACCIDENT	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT		\$ Property Damage	DEDUCTIBLE	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
MEDICAL PAYMENTS	\$	EA PERSON		\$ Limits Liability		\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
UNINSURED MOTORISTS	CSL	\$ EA ACCIDENT		\$ Limits		345.67	345.67	345.67	345.67
	BI	\$ EA PERSON		\$ EA ACCIDENT		\$ 2	\$ 3	\$	\$
COMPREHENSIVE	DED	\$ X	\$	\$	\$ Uninsur-	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,
COLLISION	DED	\$ \$12,345.67	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
ACV UNLESS AMOUNT STATED		\$ \$12,345.67	\$ \$42.67	\$ \$42.67	\$ \$42.67st	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
TOWING & LABOR		\$ \$12,	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
TRANS EXP/RENTAL RE		\$ \$42.67\$12	\$ 345.67\$12	\$ 345.67\$12	\$ \$42.67\$12	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
						\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
		Additonal Coverages/Endorsements	\$45	\$45	\$45	\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
ADDITIONAL COVERAGES/ENDORSEMENTS (include limit deductible, premium)						\$ \$42.67	\$ \$42.67	\$ \$42.67	\$ \$42.67
						ESTIMATED TOTAL	\$45.67	DEPOSIT	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	STDY >100	GOOD STDY	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Robin W. Smith	Resident	Married	Spouse	12/25/51	Retired	12/25/51	Accident	Good	Yes	12/25/2025	Resident 1 Driver	456-45-4567
2	Robin W. Smith	Resident	Married	Spouse	12/25/51	Retired	12/25/52	Accident	Good	Yes	12/25/2025	Resident 2 Driver	456-45-4567
3	Robin W. Smith	Resident	Married	Spouse	12/25/51	Retired	12/25/53	Accident	Good	Yes	12/25/2025	Resident 3 Driver	456-45-4567
	Robin W. Smith	Resident	Married	Spouse	12/25/51	Retired	12/25/54	Accident	Good	Yes	12/25/2025	Resident 4 Driver	456-45-4567
	Robin W. Smith	Resident	Married	Spouse	12/25/51	Retired	12/25/55	Accident	Good	Yes	12/25/2025	Resident 5 Driver	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?				IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE	
Driver 1	10/25/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	123 Main St, San Francisco CA, 94106	X	\$12,345.67	

ADDITIONAL INTEREST

VEH #	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Vehicle 1	X	LOSS PAY	Vehicle 1 Additional Interest Name and Address	Vehicle 1 Additional Interest Loan Number
Vehicle 2	X	ADDL INT	NAME AND ADDRESS	LOAN NUMBER
Vehicle 2	X	LOSS PAY	Vehicle 2 Additional Interest Name and Address	Vehicle 2 Additional Interest 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, 345	12, 345
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, 345	12, 345

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
Prior Carrier and Producer	12,345	Prior Policy Number/Expiration Date

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	
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)	X		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	X	
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?	X	
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	X		12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	X	
5. ANY CAR KEPT AT SCHOOL?	X		13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	X	
6. ANY CAR PARKED ON STREET?	X		14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?	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? Question 8 Policy Number	X	

REMARKS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	X	STATE SUPPLEMENT
	X	YOUNG DRIVER QUESTIONNAIRE
	X	DRIVER TRAINING CERTIFICATE
	X	GOOD STUDENT CERTIFICATE
	X	ANTI-THEFT DEVICE CERTIFICATE
	X	MEDICAL STATEMENT
	X	MOTOR VEHICLE REPORT
	X	PHOTOGRAPH
	X	BILL OF SALE
X	Other Attachment 1	
X	Other Attachment 2	

FOR COMPANY USE ONLY

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BINDER/SIGNATURE

INSURANCE BINDER Binder		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	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.	
12/25/2025	12/25/2025	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.	
TIME	X	NOTICE OF INSURANCE INFORMATION PRACTICES	
Binder Time	12:01 AM	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.	
X	NOON	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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.			
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 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.			
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 Known the Applicant
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE, OR THE SELECTION/REJECTION OF MEDICAL PAYMENTS, OR THE SELECTION/REJECTION OF LOWER LIMITS OF UM 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)	PRODUCER'S SIGNATURE	