

ACORD

MISSISSIPPI PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)
12/25/2025

PRODUCER

12/25/2025

12,345

123 Main St, San Francisco CA, 94106

12,345

123 Main St, San Francisco CA, 94106

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#: Policy Number

ACCT#: Account Number

EFFECTIVE DATE
12/25/2025

EXPIRATION DATE
12/25/2025

DIRECT BILL
AGENCY BILL

PAYMENT PLAN
Payment Plan

RESIDENCE

CURRENT RESIDENCE IS

OWNED

RENTED

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

YRS AT CURR ADDR

PREVIOUS ADDRESS (If less than 3 years)

VEH #

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-1	12/25	1 New/U
2	12,345			Veh-2	12/25	2 New/U
3	12,345	Vehicle 3 Make Model Body Type	Vehicle 3 VIN/Registered State	Veh-3	12/25	3 New/U
	12,345		Vehicle 4 VIN/Registered State	Veh-4	12/25	4 New/U

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
1	12,345	Vehicle	12	12	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	12,345	Vehicle	50	50.3%	Vehicle 1 Classic
2	12,345	Vehicle	12	12	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	12,345	Vehicle	50	50.3%	Vehicle 2 Classic
3	12,345	Vehicle	12	12	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	12,345	Vehicle	50	50.3%	Vehicle 3 Classic
4	12,345	Vehicle	12	12	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	12,345	Vehicle	50	50.3%	Vehicle 4 Classic

VEH	PASSIVE SEAT BELT	AIRBAG DRIVER/BOOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRIVER/BOOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
1	X	X	X	Vehicle 1	Vehicle 1 Credits	2	X	X	X	Vehicle 2	Vehicle 2 Credits
3	X	X	X	Vehicle 3	Vehicle 3 Credits	4	X	X	X	Vehicle 4	Vehicle 4 Credits

COVERAGES/PREMIUMS

Devices

Details

Devices

Details

COVERAGES	Devices	Details	VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,
BODILY INJURY LIABILITY	\$	EA PERSON \$ Limits of Liability EA ACCIDENT	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
MEDICAL PAYMENTS	\$	EA PERSON	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
UNINSURED/UNDERINSURED MOTORISTS	CSL \$	EA ACCIDENT	\$ 345.67	\$ 345.67	\$ 345.67	\$ 345.67
	BI \$	EA PERSON \$ EA ACCIDENT	\$	\$	\$	\$
	PD \$	EA ACCIDENT	\$ \$12,	\$ \$12,	\$ \$12,	\$ \$12,
COMPREHENSIVE	DED	\$ \$12,345.67 \$ \$12, \$ \$12, \$ \$12,	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
COLLISION	DED	\$ \$12,345.67 \$ \$42,67 \$ \$42,67 \$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
ACV UNLESS AMOUNT STATED	\$	\$ \$12, \$ \$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	\$	\$ \$42,67 \$12 \$ 345.67 \$ 345.67 \$12 \$ \$42,67 \$12	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit deductible, premium)	\$	\$ 345.67 \$ 345.67 \$ 345.67 \$ 345.67	\$ \$42,67	\$ \$42,67	\$ \$42,67	\$ \$42,67
ESTIMATED TOTAL	\$	\$ 345.67	\$ 345.67	\$ 345.67	\$ 345.67	\$ 345.67
DEPOSIT	\$	\$ 345.67	\$ 345.67	\$ 345.67	\$ 345.67	\$ 345.67
BALANCE DUE	\$	\$ 345.67	\$ 345.67	\$ 345.67	\$ 345.67	\$ 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 DRV STDY TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #
1	Robin W. Smith	Resident	1	Male	12/25/2025	Resident	12/25/2025	X	2X25/2025	Resident	Resident 1 Driver	456-45-4567
2	Robin W. Smith	Resident	2	Male	12/25/2025	Resident	12/25/2025	X	2X25/2025	Resident	Resident 2 Driver	456-45-4567
3	Robin W. Smith	Resident	3	Male	12/25/2025	Resident	12/25/2025	X	2X25/2025	Resident	Resident 3 Driver	456-45-4567
	Robin W. Smith	Resident	4	Male	12/25/2025	Resident	12/25/2025	X	2X25/2025	Resident	Resident 4 Driver	456-45-4567
	Robin W. Smith	Resident	5	Male	12/25/2025	Resident	12/25/2025	X	2X25/2025	Resident	Resident 5 Driver	456-45-4567

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)

Policy Number and Course

Accident 1 Place of Accident/Conviction

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE
1	12/25/2025	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Accident 1 Place of Accident/Conviction	X	\$12,345.67

ACORD 90 MS (1/97)

PLEASE COMPLETE REVERSE SIDE

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

APPLICANT'S EMPLOYER Applicant's Employer	ADDRESS OF EMPLOYMENT 123 Main St, San Francisco CA, 94106	WORK PHONE NUMBER (555) 444-3333	YEARS W/ CURR EMPL 12,	YEARS W/ PREV EMPL 12,
CO-APPLICANT'S EMPLOYER Co-Applicant's Employer	ADDRESS OF EMPLOYMENT 123 Main St, San Francisco CA, 94106	WORK PHONE NUMBER (555) 444-3333	YEARS W/ CURR EMPL 12,	YEARS W/ PREV EMPL 12,

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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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			

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	<input checked="" type="checkbox"/>	YOUNG DRIVER QUESTIONNAIRE
	<input checked="" type="checkbox"/>	DRIVER TRAINING CERTIFICATE
	<input checked="" type="checkbox"/>	GOOD STUDENT CERTIFICATE
	<input checked="" type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
	<input checked="" type="checkbox"/>	MEDICAL STATEMENT
	<input checked="" type="checkbox"/>	MOTOR VEHICLE REPORT
	<input checked="" type="checkbox"/>	PHOTOGRAPH
FOR COMPANY USE ONLY Company Use Only	<input checked="" type="checkbox"/>	BILL OF SALE
	<input checked="" type="checkbox"/>	Notice of Insurance

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 Binder Time	X	12:01 AM	
		NOON	
COVERAGE IS NOT BOUND			

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.

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.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS, REJECTING UMPD ONLY, OR REJECTING UM/UIM BI AND UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UM/UIM BI AND PD LIMITS INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UM/UIM PD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I REJECT UM/UIM COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

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.

APPLICANT'S SIGNATURE		DATE (MM/DD/YY)	PRODUCER'S SIGNATURE	
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