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A	Ć	OR	P _®	N	ΛIN	NNE	SO	TA P	ER	SO	NA	LA	UT	·O	ΑF	PL	.ICA1	TION S	ECT	ΓΙΟ	N	DA	TE (MI	M/DD/YY	YY)	
AGENCY												NAMED INSURED(S)														
POLICY NUMBER EFFECTIVE DATE												ATE	E CARRIER										NAIC CO	DE		
			ADDRE	SS (f	rom	1 ACO	RD 88)														T	1			
LOC	ST	REET										CITY						COUNTY				STATE	ZIP	IP + 4		
VE	HICL	E DE	SCRIP	TION	/ U	SE									тот	TAL NU	JMBER OF	VEHICLES IN I	HOUSEHO							
VEH	LOC	YEAR		MAKE	=			MODEL			BODY	TYPE					VIN		5	REG STATE	HP/CC	DATE LEASE	D	DATE NE		
VEH	cos	T NEW	SYMBOL AGE GRP	CON OTC S	MP SYM	COLL	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER- FORM	MULTI- CAR	CAR POOL	GAR CODI	e OI	DOMETER READING	ANNUAL MILEAGE	GOVE	RN DF	RIVER USE	% (Each	veh m	ust equal	100%)	
																								┼		
					+																			+		
VEH	CLA	282	PASSIVE SEAT BEL	AIF	RBAG		TI-LOCK KES 2/4	ANTI-T DEVI		Ή.	CREDI	TS AND	,	VEH	CLA	ss	PASSIVE	AIRBAG DRV/BOTH	ANTI-LOC BRAKES 2		ANTI-THE DEVICE:		CR	EDITS AN	ND ES	
V L I I	OLA	100	SLAT BLL	I DKV	//BOT	II BIOA	KLS 2/4	DEVI	JE3	<u> </u>	JUNCII	ANGES		V	OLA	,	SEAT BEET	DKV/BOTH	DIVARLO 2	74	DEVICE		301	CHARG		
CC	VER	AGE	S / PRE	MIUN	/IS													T								
			ERAGES			_						ABILITY	<u> </u>									HICLE#		VEHICLE	E #	
			BILITY (CS LIABILITY	SL)		\$				CCIDEN						ΕΛ Λ:	CCIDENT	\$	\$		\$ \$		\$ \$			
			AGE LIABII	LITY		\$				CCIDEN		ETTIOODENT						\$	\$			\$				
						\$						ED (PIF	')	COMBINED PIP (STACKED)										\$		
						\$100 MED EXP DED								\$200	WOF	RK LOS	SS DED									
		L INJUI ION (PI				\$100 MED EXP DED AND \$200 WORK LOSS DED WORK LOSS EXCL NAMED INS ONLY, AGE 65 OR O OR AGE 60 - 64 AND RETIRED AND RECEIVING A PE									DEDU	CTIBLE	E	\$	s	\$		\$		\$		
FIXC	TLCI	ION (FI	r <i>)</i>			l lv	INS AN	D ANY	FAMILY	MEMI	BER. A	GE 6	5 OR 0	LDER.	-											
						N N	<u>IR AGE 6</u> /ORK LC	<u> </u>	RETIR ANY FAI	ED AND MILY ME	RECE EMBER	IVING A R. AGE 6	<u>1 PENS</u> 5 OR (SION OLDER												
ADE	ITION	AL PIP				\$	K AGE	60 - 64 AND		ED AND			PENS	SIUN	ADD'L MED EXP \$			\$	\$ \$			\$				
MED	DICAL	PAYME	NTS			\$				ERSON				ADDENIEDEA				\$	\$		\$				\$	
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COLLISION DED \$ \$						\$			\$			\$ N/A	\$	N/A	\$	N/A		\$ N/	Α							
ACV UNLESS AMOUNT STATED \$ \$ TOWING & LABOR \$ \$							\$			\$			\$	\$		\$			\$							
TRANS EXP / RENTAL RE \$ / \$ /						\$	1		\$		/	\$	\$		\$			\$								
CC	DE	DESC	RIPTION			LIMIT			LIMIT A	PPLIES	то	DED	JCTIBI	LE		OPT	IONS									
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ACORD 290 MN (2015/12)

ESTIMATED TOTAL: \$

Page 1 of 4

NEW BUSINESS ONLY POLICY FEE: \$

TOTAL PER VEHICLE \$ \$ \$ \$ \$ \$ \$ © 2011-2015 ACORD CORPORATION. All rights reserved.

RE	SIDEN	IT & DRIVER IN	FORMATIO	N [List							_	sed c	or not) and regular o	perators]							
#	# FIRST NAME				NAME (AS IT APPEARS ON LICENSE) MIDDLE NAME								LAST NAME					REL TO APPLIC	DAT	E OF BI	RTH
		TINOTINA				INIDULE IVAINE LAST IVAINE															
#		OCCUPAT	ION		DATE	E LIC	STDT >100	GOOD	DRV TRAIN		ACC PI	REV	DRIVERS	LICENSE#			STA	TE !	SOCIAL	SECUR	ITY#
													motor vehicle depa	artment an	d othe	r in	sure	∍rs)			
		CORD 99, Accid					mc	ore s	pac	e is	requ	ired									
FAU	LT, OR E	RIVER SHOWN ABOVE BEEN CONVICTED OF	A MOVING VIOL	DENT, REC LATION W	GARDLE <u>/ITHIN TI</u>	SS OF HE LAST		YEA	RS?			Y / N	IF YES, INDICATE BELOW.			REH					
DR\ #	ACCII	DATE OF DENT / CONVICTION			DES	SCRIPTION	OF A	ACCII	DENT	OR C	ONVICT	ION		ACCIDENT	CE OF CONVIC	TION		BI OR DE Y/N	ATH PR	AMOUNT OPERTY [OF DAMAG
																	-				
		L INFORMATIO																			V / I
1.		L "YES" RESPONSES		MDDANI	CES AI	DE ANV I	/ C LII	CI E	S EOI	D \\/\	JICH II	IGI ID V	NCE IS REQUESTED N	OT SOLELY	OWNER) BV	VVIL				Y / N
1.		TERED TO THE AF		MDIVAIN	CLS, AI	NL ANT V		CLL	3101		IICITII	NOUNA	INCL IS REQUESTED IV	OT SOLLLT	OVVINEL	וטי	AINL			_	
	VEH#	NAME OF OTHER O	WNER								VEH#	NAME	OF OTHER OWNER								
2.	ANY CA	AR MODIFIED / SPI	ECIAL EQUIPI	MENT? (Include	customiz	ed va	ans /	picku	ips)										,	
	VEH#	DESCRIPTION						COST			VEH#	DESC	RIPTION					COST	Г		
							\$	•										\$			
3.		XISTING DAMAGE	TO VEHICLE?	(Include	damag	ged glass)				_										- l	
	VEH#	DESCRIPTION									VEH#	DESC	RIPTION								
4.	ANVO	THER LOSSES NO		THE AC	CIDEN	TS / CON	VICT	TION.	e ee	CTIC	NI TU	T WE	RE INCURRED DURING	TUE TIME DI	EDIOD	PDE/	CIEIE	- IN			
4.		SECTION?) SHOWN IN	THE AC	CIDEN	137 CON	VICI	IION	3 3E		JIN I FIF	\	RE INCORRED DURING	THE TIME FI	EKIOD	3FE	CIFIE	אוו טב		_	
	DRV#	DESCRIPTION					(COST			DRV#	DESC	RIPTION					COST	Г		
							\$											\$			
5.	ANY O	THER AUTO INSUF	RANCE IN HO	USEHOL	D? (Inc	lude any				ploy	er)									,	
	NAME	D INSURED		YEAR	MAKE			MOD	EL			CARRIE	ER .	NAIC#	POLIC	Y NU	MBEF	₹			
	******	0110511015 145145		D) (0 = D)																	
6.		OUSEHOLD MEME	1	RY SER		4051004	TION									1.0	A-		- ()/ (N)	۱ ا	
	DKV#	BRANCH	RANK		8/	ASE LOCA	IION									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	∟п А	DASI	E (Y / N)		
7	ANY D	RIVERS LICENSE	 REEN SLISPE	NDED /	REVOK	ED DURI	NG T	THE	ΙΔΩΤ	TEN	V (10) Y	/FARS	?							1	
٠.		SUSPENSION PERIO		INDED	I V C I V			TION			(10)	1 1 7 11 10	•				REIN		MENT	7 l	
		Start Date:	End D	ate:		->												DATE			
8.	ANY D		YSICAL IMPA	IRMENT	THAT	WOULD A	AFFE	CT	 ГНЕ <i>А</i>	ABILI	TY TO	DRIVE	? (If "YES", explain how	impairment is	s compe	nsat	ed fo			-	
-		DESCRIPTION OF S											(1	
9.	ANY D	RIVER UNDERGO	ING A COURS	E OF ME	EDICAL	TREATM	IENT	ΓFΟI	RAP	HYS	ICAL /	MENT	AL IMPAIRMENT THAT \	WOULD AFF	ECT THI	E AB	BILIT	Y TO I	DRIVE	,	
	DRV#	EXPLANATION]	
							_	_								_	_			<u> </u>	
10.	ANY FI	NANCIAL RESPON	NSIBILITY FILI	NG?																	
	DRV#	REASON FOR FILIN	IG				_										FIL	ING D	ATE		

EXF	GENERAL INFORMATION (continued) AGENCY CUSTOMER ID:												
EXPLAIN ALL "YES" RESPONSES 11. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?													
1.					STT	HREE (3) YEARS?							
	DRV#	REASON DECLINED, CANCELLE	D, OR	NON-RENEWED									
_	10.711			OFME									
2.	IS THE	S BROKERED BUSINESS TO 1	I HE A	GENT?									
3.	HAS A	GENT INSPECTED VEHICLE?	1										
4.	HAS A	NY NAMED INSURED DRIVEN	I WITH	HOUT LIABILITY INSURANCE DURING A	NY F	PART OF THE LAST SIX (6) MONTH	IS?						
	DRV#	EXPLANATION											
_													
(ORD	101, Additional Remarks Schedu	ıle, ı		ce is req	uired)					
_		SUPPLEMENT		GOOD STUDENT CERTIFICATE		MOTOR VEHICLE REPORT							
		S DRIVER QUESTIONNAIRE R TRAINING CERTIFICATE		ANTI-THEFT DEVICE CERTIFICATE MEDICAL STATEMENT		PHOTOGRAPH BILL OF SALE							
-	DRIVER	C TRAINING CERTIFICATE		WEDICAL STATEMENT		BILL OF SALE							

DEMARKS (ACORD 404 A LUC)	I Down Jo Oak		AGENCY CUSTOMER ID:		
REMARKS (ACORD 101, Additio	nai Remarks Sche	edule, may be atta	sched if more space is required)		
BINDER / SIGNATURE					
INSURANCE BINDER	IF THE "BINDE	R" BOX TO THE I	LEFT IS COMPLETED, THE FOLLO	OWING CONDI	TIONS APPLY:
EFFECTIVE DATE EXPIRATION DATE	THIS COMPAN	Y BINDS THE K	(IND(S) OF INSURANCE STIPULA	ATED ON THIS	S APPLICATION. THIS
TIME 12:01 AM		S SUBJECT TO T EBY THE COMPA	HE TERMS, CONDITIONS AND L ANY.	IMITATIONS O	F THE POLICY(IES) IN
NOON COVERAGE IS NOT BOUND			ELLED BY THE INSURED BY SUI MPANY STATING WHEN CANCEL		
			' NOTICE TO THE INSURED IN ED BY A POLICY. IF THIS BINDER		
THE COMPANY IS ENTITLED	TO CHARGE A P	REMIUM FOR TH	HE BINDER ACCORDING TO THE	RULES AND F	RATES IN USE BY THE
COMPANY. THE QUOTED PRE	EMIUM IS SUBJE	CT TO VERIFICA	ATION AND ADJUSTMENT, WHEN	NECESSARY,	BY THE COMPANY.
INFORMATION PROVIDED IN INFORMATION IS BEING OFF IN ADDITION, IF THE AUTO UNDERSTAND THE RATES F	THEM IS TRUE, ERED TO THE C PLAN OR COMI OR THIS COVER	COMPLETE AND COMPANY AS AN PANY DESIGNAT RAGE ARE HIGH	APPLICATION AND ANY ATTAC D CORRECT TO THE BEST OF M I INDUCEMENT TO ISSUE THE P TED IN THIS APPLICATION IS N ER THAN NORMAL AND THEY A	IY KNOWLEDG OLICY FOR W ION-STANDAR RE ACCEPTAE	GE AND BELIEF. THIS HICH I AM APPLYING. D, I CERTIFY THAT I
			HE NORMAL INSURANCE MARKE		1147/5
1		ATURE OF THE .	APPLICANT IS THE PERSONAL	HOW LONG YOU KNOWN APPLICANT?	N THE
I ACKNOWLEDGE THAT I HAV AN INSOLVENCY UNDER THE			ORD 65 MN, THE NOTICE CONCE	ERNING POLIC	YHOLDER RIGHTS IN
IF I OWN MORE THAN ON	E VEHICLE, I A	CKNOWLEDGE	THAT I HAVE BEEN OFFERE		
			/ UNDERINSURED MOTORISTS THE LIMITS INDICATED IN THIS		
INJURY PROTECTION COVE RECEIVING A PENSION; OR RETIRED AND RECEIVING A	RAGE, EITHER NAMED INSURE PENSION; OR AI	FOR NAMED IN: EDS AND ANY F NY FAMILY MEM	ON OF SELECTING A WORK LOS SUREDS AGE 65 OR OLDER, O AMILY MEMBER AGE 65 YEARS BER AGE 65 YEARS OR OLDER, INDICATED IN THIS APPLICATION	R AGE 60 - 64 S OR OLDER, OR AGE 60 - 6	4 AND RETIRED AND OR AGE 60 - 64 AND
COVERAGE, BUT HAVE ELEC	CTED TO REJECT	T PERSONAL IN	E AND HAVE BEEN OFFERED JURY PROTECTION COVERAGE, OF PERSONAL INJURY PROTECTI	I HAVE READ	
			IT CHOICES INDICATED HERE W IFY YOU OTHERWISE IN WRITING	_	ALL FUTURE POLICY
			AT ANY TIME DURING THI		
NOTICE OF CREDIT SCOR	RING INFORMAT	ION (APPLIES O PRING INFORMA	NLY IF BOX IS CHECKED): TION FOR THE PURPOSE OF UN		
DETERMINING THE PREMAPPLICANT'S SIGNATURE	INDIVITAT YOU	DATE CHARG	PRODUCER'S SIGNATURE		NATIONAL PRODUCER NUMBER