											AGENCY CUSTOMER ID:										
A	Ć	OR		ŀ	<b>KAN</b>	SAS	SPE	RS(	NA	AL A	۸U.	ТО	AF	PL	LICATION	ON SEC	CTIC	AC	1		
AGE	NCY												NAME	D INSU	JRED(S)						
POL	POLICY NUMBER									EFFECTIVE DATE				CARRIER							
GA	RAC	SING	ADDRE	SS (fror	n ACO	RD 88	)												_		
LO	ST	REET									CITY										
																			_		
																			_		
																			_		
VF	HICI	F DE	SCRIPT	TION / U	ISF									TOTA	AL NUMBER OF	VEHICLES IN HO	OUSEHO	OI D.	-		
		YEAR		MAKE			MODEL			BODY 1	ГҮРЕ			1017	VIN			REC STAT	3		
																			_		
																			_		
/EH	cos	SYMBOL COMP COLL SYM SYM TERR WILE					MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER- FORM	MULTI- CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVE		DI		
																			_		
						1	1	l		1	l		1	l							

DATE (MM/DD/YYYY)

ZIP + 4

DATE PURCH

CREDITS AND SURCHARGES

STATE

DATE LEASED

NAIC CODE

CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVE	ERN ER	DR	IVE	R USE	% (Each	veh	mu	st equal	10	0%)

ANTI-LOCK BRAKES 2/4

PASSIVE AIRBAG SEAT BELT DRV/BOTH

REG STATE

HP/CC

ANTI-THEFT DEVICES

**COVERAGES / PREMIUMS** 

VEH

CLASS

PASSIVE AIRBAG SEAT BELT DRV/BOTH

ANTI-LOCK BRAKES 2/4

ANTI-THEFT DEVICES

CREDITS AND SURCHARGES

VEH

CLASS

	COVERAGES	LIMITS OF LIABILITY											VEHICLE#	VEHICLE #	VEHICLE #						
SINGLE L	IMIT LIABILITY (CSL)	\$	i		EA	ACCIDENT			\$	\$	\$	\$									
BODILY IN	NJURY LIABILITY	i	EA PERSON \$ EA ACCIDENT									\$	\$	\$							
PROPERT	TY DAMAGE LIABILITY	\$	i		E/	ACCIDENT	\$			DED	UCTIBLE	\$	\$	\$	\$						
PERSONA	AL INJURY PROTECTION				ST	TATUTORY LIN	IITS					\$	\$	\$	\$						
ADDL PER	RSONAL INJ PROTECTION	OPTION 1 OPTIO							12			\$	\$	\$	\$						
MEDICAL	PAYMENTS	\$	i		EA	PERSON						\$	\$	\$	\$						
UNINSUR	ED CSL	\$	i		EA	ACCIDENT															
MOTORIS		\$			E/	PERSON	\$			EA A	CCIDENT	\$	\$	\$	\$						
COMPRE	HENSIVE / OTC DED		\$		\$		\$			\$		\$	\$	\$	\$						
COLLISIO	N DED		\$		\$ \$					\$		\$	\$	\$	\$						
ACV UNL	ESS AMOUNT STATED		\$		\$		\$			\$		N/A	N/A	N/A	N/A						
TOWING	& LABOR		\$		\$		\$			\$		\$	\$	\$	\$						
TRANS EXP / RENTAL RE			\$ /		\$	1	\$	1		\$	1	\$	\$	\$	\$						
CODE	DESCRIPTION	L	IMIT		LIMIT	APPLIES TO		EDUCTIBLE		OPT	IONS										
		\$					\$														
		\$											%					\$	\$	\$	\$
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		\$					\$														
		\$						%				\$	\$	\$	\$						
ESTIMATI	ED TOTAL: \$			POLICY F	EE: \$					Т	OTAL PER VEHICLE	\$	\$	\$	\$						

ACORD 290 KS (2014/12)

	old En	T 0 DDWED W		N. P. C.								GENCY CUSTOMER ID:									
KE	SIDEN	II & DRIVER IN	FORMATION	N [LIST						nts (lice N License		sed or not) and regular	operators	<u> </u>		$\overline{}$					
#	# FIRST NAME						MIDDLE			N LICENSE	)	LAST NA	ME		SE	EX STA	R REL 1	DAT	E OF B	JIRTH	
					ISTAIL																
																$\top$					
																+					
#		OCCUPAT	ION		DATE	:	STDT (	GOOD	DRV	ACC I CSE I	PRE	EV DRIVER	S LICENSE #			L	IC ATE	SOCIAL	e E C I I E	OITV #	
		0000.711		DATE	LIC	>100	SIDI	IRAIN	CSE	DAT	TE SINIEN				- 51	AIE	SOCIAL	SECUR	dii #		
																+					
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							+									+					
																_					
																$\bot$					
												state motor vehicle dep	artment a	ınd o	ther	insu	rers)				
		CORD 99, Accid							рас	e is req	uir	red									
OR I	ANY DR	IVER SHOWN ABOVE	HAD AN ACCIDE NG VIOLATION W	ENT, REC VITHIN TI	GARDLE HE LAST	SS OF FA THREE (	OLT, 3) YEAI	RS?			Υ	// N IF YES, INDICATE BELOW	. ALSO INCL	UDE CO	OMPRE	EHENS	SIVE IN	SURANC	E LOSS	SES.	
IMP	ORTANT	: UNDER KANSAS LA	AW, THE FOLLO	WING TR	RAFFIC V	IOLATIO	NS ARI	E NO	T REC	QUIRED TO	В	E REPORTED TO INSURERS:									
1.	A speedi	ing violation of up to	six (6) mph that	occurs i	n an area	with a m	naximu	m po	sted	speed limit	t fro	om 30 mph through 54 mph, or									
2.	A speedi	ing violation of up to	ten (10) mph tha	t occurs	in an ar	ea with a	maxim	um p	osted	d speed lim	nit fi	from 55 mph through 75 mph.									
DR\ #	ACCII	DATE OF DENT / CONVICTION			DES	CRIPTIO	N OF A	CCIE	)FNT (	OR CONVI	CTIC	ON	ACCIDE	LACE C	)F NVICTI	ON	BI OR I	R DEATH AMOUNT O			
-#-	AGGIL	SERT / CORVIOTION			<u> </u>	701111 1101	11017			OIT OOIT I		<u> </u>	ACCIDE	117001	111011	OIL			01 21111	D7 1112 10	
	NEDA	LINESPIATIO																			
		<u>L INFORMATIO</u>														—				Y / N	
		L "YES" RESPONSES		ADD A NA	OE 0 1		VELUC	1 -	S FOI		INIC	CUDANCE IS DECUESTED.	IOT COLFI	V 0\//	VIED E		ID.			171	
1.		TERED TO THE AF		VIDRAIN	CES, AI	KE AINT	VEHIC	LES	SFUR	X WHICH	IINS	SURANCE IS REQUESTED I	NOT SOLEL	Y OVVI	NEDE	or Aiv	טו				
		NAME OF OTHER O								VEH	#	NAME OF OTHER OWNER									
2.	ANY CA	AR MODIFIED / SPE	ECIAL EQUIPM	1ENT? (	Include	customiz	zed va	ns /	picku	ps)											
		DESCRIPTION						оѕт	•		#	DESCRIPTION		cos	ST	1					
							\$										\$				
3		L KISTING DAMAGE	TO VEHICLE?	(Include	daman	ed alses														+	
٥.	VEH#		TO VEHICLE:	(IIICIUUC	damag	eu glass	• /		VEH # DESCRIPTION									1			
	VL11#	DESCRIPTION									"	DESCRIPTION									
_	ANIXO	TUED   00050 810	T CHOMALIN 3	TUE 40	CIDENT	re / 00°	JV/IOT	ON	0 0 5		<u> </u>	T WERE INCURRED DURING	TUE TIME	DEDI	)D 05	DECIE	IED I	1		-	
4.		SECTION?	I SHOWN IN I	I HE AC	CIDEN	15 / CON	VVICTI	ON	5 SE	CHONTE	1A I	I WERE INCURRED DURING	IHE IIME	PERIC	JD 5P	'ECIF	יוו טבוו	N			
		DESCRIPTION					С	оѕт		DRV	#	DESCRIPTION					cos	ST	1		
							\$				\$										
5	ANY O	L THER AUTO INSUE	RANCE IN HOU	ISFHOL	D? (Inc	lude anv	provid	led b	ov em	nplover)										<del>                                     </del>	
	ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by NAMED INSURED YEAR MAKE MOD								,,	С	CARRIER	NAIC	# PO	LICY	NUMBI	FR		1			
	IVAIILE	DINOGRED		LAIN	III/AIXE		Ι.				ľ	ATTULE T	147410	<i>"</i>   · · ·		1011121					
6.	ANIVI		DED IN MILITAE	א פררי	VICES						_									-	
О.	ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?																	o= 0/ / N	1		
	DKV#	BRANCH	RANK		BA	ASE LOCA	AHON									VEH	AIBA	SE (Y / N)			
																<u> </u>				<u> </u>	
7.	ANY D	RIVERS LICENSE	BEEN SUSPEN	NDED / I	REVOK	ED DUR	RING T	HEI	LAST	THREE (	(3)	YEARS?							,		
	DRV#	SUSPENSION PERIO	OD			EXP	PLANA	TION								RE	INSTA DA	TEMENT			
L		Start Date:	End Da	ite:			_									_				L	
8.	ANY D	RIVER HAVE A PH	YSICAL IMPAIR	RMENT	THAT \	WOULD A	AFFE	CT T	HE A	ABILITY T	0 [	DRIVE?									
	DRV#	DESCRIPTION OF S	PECIAL EQUIPM	ENT IN V	/EHICLE														1		

DRV # EXPLANATION

9. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?

					Δ	GENCY CUSTOMER ID:				
GE	NERA	L INFORMATION (contir	ued)							
EXP	LAIN ALI	L "YES" RESPONSES								Y/N
10.	ANY FI	NANCIAL RESPONSIBILITY F	ILING?							,
	DRV#	REASON FOR FILING							FILING DATE	
11	ANY C	OVERAGE DECLINED CANC	ELLED	, OR NON-RENEWED DURING THE LAS	т ты	DEE (3) VEADS2				
' ' '		REASON DECLINED, CANCELLI		•		NEE (3) TEANS!				ı
	DKV#	REASON DECLINED, CANCELLI	D, OK	NON-RENEWED						
12	IS THIS	BROKERED BUSINESS TO	THF AC	GENT?						
'	10 11110	S BRONERED BOOMLOO TO		52.11.						
13	HAS A	GENT INSPECTED VEHICLE?								
		02.1101 20125 12022.								
14.	HAS A	NY NAMED INSURED DRIVEN	WITH	OUT LIABILITY INSURANCE DURING AN	Y PA	ART OF THE LAST SIX (6) MONTHS	?			
	DRV#	EXPLANATION								1
RE	MARK	S / ATTACHMENTS (AC	ORD 1	I01, Additional Remarks Schedule	e, m	ay be attached if more space	is re	quired)		
		SUPPLEMENT		GOOD STUDENT CERTIFICATE		MOTOR VEHICLE REPORT				
		DRIVER QUESTIONNAIRE		ANTI-THEFT DEVICE CERTIFICATE		PHOTOGRAPH				
		R TRAINING CERTIFICATE		MEDICAL STATEMENT		BILL OF SALE				
	5111721			mesione or memeri		5.22 0. 0.12				
	IDED	SIGNATURE								
<u> </u>		NSURANCE BINDER	IF T	HE "BINDER" BOX TO THE LEF	T IS	COMPLETED THE FOLLO	\\/\INI	S CONDI.	TIONS APPLY:	
EF	FECTIVE			S COMPANY BINDS THE KIND						
			INS	JRANCE IS SUBJECT TO THE	r(S) TFF	RMS CONDITIONS AND LI	MITA.	TIONS O	F THE POLICY	(IFS) IN
	TIME	12:01 AM		RRENT USE BY THE COMPANY.		two, constructed and an	VIII 17 V	110110 0		(120) 111
		NOON	TLIIG	S BINDER MAY BE CANCELLE	. Г	DV THE INCHEED BY CHE	חבאו		THIS DINDED	OD DV
	COVER	AGE IS NOT BOUND		TTEN NOTICE TO THE COMPA				_	-	-
H				ED BY THE COMPANY BY NO						
				NCELLED WHEN REPLACED B						
				HARGE A PREMIUM FOR THE E						
				IS SUBJECT TO VERIFICATIO						
<u> </u>	IV DE			AND WITH INTENT TO DEED	A I IF	D DDECENTS CALISES T	O DE	DDECE	NTED OD DDI	
				AND WITH INTENT TO DEFR. AT IT WILL BE PRESENTED TO						
				STATEMENT AS PART OF, OR						
				OLICY FOR PERSONAL OR CO						
				RANCE POLICY FOR COMMERC						
				INFORMATION CONCERNING						
		SE OF MISLEADING, IN	IFOR	MATION CONCERNING ANY FA	\CT	MATERIAL THERETO COM	/MIT	S A FRAL	JDULENT INSU	IRANCE
A(	CT.									
AF	PPLIC	ANTS STATEMENT: I	HAVE	READ THE ABOVE APPLICAT	ION	AND I DECLARE THAT T	O TH	IF BEST	OF MY KNOV	/I FDGF
				OING STATEMENTS ARE TRI						
l UI	NDER	STAND THAT LIABILIT	Y LIN	IITS SUFFICIENT TO MEET TH	ΕF	INANCIAL RESPONSIBILIT	Y RE	QUIREM	ENTS OF THE	STATE
				THE KANSAS AUTOMOBILE					STATEMENT	IS NOT
AF	PPLIC	ABLE WHEN THE POL	CY IS	S ISSUED THROUGH THE KANS	SAS	AUTOMOBILE INSURANCE	E PLA	ιN.)		
PF	RODU	CER'S STATEMENT:	CER	TIFY TO THE BEST OF MY KNO	)WL	EDGE AND BELIEF	HO\	V LONG	HAVE	
				THE SIGNATURE OF THE APP			YOU	J KNOWN	N THE	
		;	SIGNA	ATURE OF THE APPLICANT.			APF	LICANT?	<b>&gt;</b>	
ı	ACKN	OWLEDGE I HAVE R	FFN	OFFERED THE OPTIONS OF	SF	FIFCTING LININSURED MO	OTOF	RISTS (II	IM)	
				(S) OF MY BODILY INJURY (B						
				OT LESS THAN \$25,000 PER P						
C	OMBIN	NED SINGLE LIMIT. IF		VE SELECTED LIMITS LOWER						LS)
S	[ATEN	MENT.							(IIIIII)	LO)
	INDE	RSTAND THAT THE CO	)//ED	AGE SELECTION AND LIMIT C	HOI	ICES INDICATED HERE W/I	Δ		ALL FLITLIRE	POI ICV
				CHANGES UNLESS I NOTIFY					, i 3 i 0 i (L	. 02101

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE