



AGENCY CUSTOMER ID: _____

ALABAMA PERSONAL AUTO APPLICATION SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)			
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE		

GARAGING ADDRESS (from ACORD 88)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4

VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: _____

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED

VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES

COVERAGES / PREMIUMS

COVERAGES		LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #	
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$	
BODILY INJURY LIABILITY	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$		
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT	\$	DEDUCTIBLE	\$	\$	\$	\$		
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$	
UNINSURED MOTORISTS	CSL	EA ACCIDENT				\$	\$	\$	\$	
	BI	EA PERSON	\$	EA ACCIDENT						
COMPREHENSIVE / OTC	DED	\$	\$	\$	\$	\$	\$	\$	\$	
COLLISION	DED	\$	\$	\$	\$	\$	\$	\$	\$	
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	N/A	N/A	N/A	N/A	
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	\$	
TRANS EXP / RENTAL RE	\$ /	\$ /	\$ /	\$ /	\$ /	\$	\$	\$	\$	
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS					
		\$		\$		\$	\$	\$	\$	
		\$		%		\$	\$	\$	\$	
		\$		\$		\$	\$	\$	\$	
		\$		%		\$	\$	\$	\$	
		\$		\$		\$	\$	\$	\$	
		\$		%		\$	\$	\$	\$	
		\$		\$		\$	\$	\$	\$	
		\$		%		\$	\$	\$	\$	
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		\$		%		\$	\$	\$	\$	
		\$		\$		\$	\$	\$	\$	
		\$		%		\$	\$	\$	\$	
		\$		\$		\$	\$	\$	\$	
		\$		%		\$	\$	\$	\$	
ESTIMATED TOTAL: \$		POLICY FEE: \$				TOTAL PER VEHICLE	\$	\$	\$	\$

