	R
ACORD	

DATE (MM/DD/YYYY)

AGI	NCY												NAM	IED INS	URED((S)						1				_	
POI	POLICY NUMBER EFFE											FECTIVE DATE CARRIER												NAIC CODE			
G/	RAC	SING	ADDRE	SS (fror	n AC	ORD 88	3)																			_	
LO	LOC STREET										CITY						COUNTY					STAT	E	ZIP + 4			
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VE	HICL	E DE	SCRIP	TION / U	SE						I			тот	AL NU	IMBER OF	VEHICLES IN H	OUSE	IOLD:			1				_	
VEH	LOC	YEAR		MAKE			MODEL			BODY	TYPE					VIN			REG STATE	ЕН	IP/CC	DAT LEAS	ED	DATE PURCI	NEW USE	V	
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VEH	COST	NEW	SYMBOL AGE GRP	COMP OTC SYM	COL	L TERR	MILE 1 WA	# DAYS WEEK	# WKS MONTH	USAGE	PER- FORM	MULTI CAR	- CAF	R GAR	OE R	OOMETER READING	ANNUAL MILEAGE	GOV	ERN D	RIVE	ER USE	% (Eac	h veh	must equ	al 100%))	
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/EH	CLA	.ee	PASSIVE	AIRBA	3 A	NTI-LOCK RAKES 2/4	ANTI-1 DEV	THEFT	1	CREDI' SURCH	TS AND	.	VEH	CLASS		PASSIVE	AIRBAG DRV/BOTH	ANTI-LO BRAKES		AN	 TI-THEF EVICES	<u> </u>		REDITS A	AND	-	
VLII	CLA		SEAT BEL	I DRV/BO	In Dr	KARES 2/4	DEVI	CES		SUKCH	ARGES	,	VLII	CLAS	3	DEAT DELT	DRV/BOTH	DRAKES	2/4		EVICES	'		UKCHAK	GES	_	
CC	VER	RAGE	S / PRE	MIUMS																						_	
			ERAGES								OF LIABILITY						VEHICLE #					VEHICLE #		VEHICLE #			
			ABILITY (CS	SL)	\$					CIDENT EA ACCIDENT							\$		\$			\$		\$			
			LIABILITY AGE LIABII	ITY	\$					RSON \$ EA ACCIDEI CCIDENT \$ DEDUCTIBL							\$	\$				\$		\$			
		PAYME			\$				PERSON							JOHIBLE	\$	\$			\$			\$		_	
UNI	NSURI	ED		CSL	\$			EA A	CCIDENT										\$ \$					\$			
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ACORD 290 AL (2014/12)

AGENCY CUSTOMER ID:

RE	SIDEN	IT & DRIVER IN	FORMATIO	N [List		ents &					nsed	or	not) and regular	operators]	T						
#		FIRST NA	ME		NAIV		DLEN			JENSE)		LAST NAME SI					MAR STAT	REL TO APPLIC		E OF B	BIRTH
#		OCCUPAT	ION		DATE LIC	; S	TDT GO	OD DR	RV AIN	ACC PI	REV ATE		DRIVER	S LICENSE #			STA	TE	SOCIAL	SECUF	RITY#
AC	CIDEN	ITS / CONVICT	ONS (Note	: Your	drivina re	ecord	is ve	erifie	ed wi	th the	stat	te n	notor vehicle dep	artment an	d othe	r ins	sure	ers)			
		CORD 99, Accid																,			
HAS	ANY DR	RIVER SHOWN ABOVE BEEN CONVICTED OF	HAD AN ACCID	ENT, RE	GARDLESS C)F		EARS	32	ΤĪ	V / N	IF	YES, INDICATE BELOW	ALSO INCLUI	DE COMP	REHE	=NSI	VE INS	LIRANCI	FLOSS	SES
DRV		DATE OF DENT / CONVICTION	A WOVING VIOL	ATION V	DESCRI								TEO, INDIONIE BEEOW		CE OF			BI OR DE	ATH	AMOUN OPERTY	IT OF
#	ACCII	DENT/CONVICTION			DESCRI	FIION	JI ACC	JIDLIN	II OK C	ONVIC	IION			ACCIDENT	CONVIC	TION		Y/N PROPE			DAWA
																	+				
GE	NEDA	L INFORMATIO	NI																		
		L "YES" RESPONSES																			Y/I
1.				MBRAN	CES, ARE A	ANY VE	HICL	ES F	OR W	HICH II	NSUF	RAN	CE IS REQUESTED I	NOT SOLELY	OWNED	BY	ANE)			
		TERED TO THE A																		-	
	VEH#	NAME OF OTHER C	WNER							VEH#	NAN	/E O	F OTHER OWNER								
2.		AR MODIFIED / SP	ECIAL EQUIPN	MENT? (Include cus	tomized	_		kups)											7	
	VEH#	DESCRIPTION					cos	ST		VEH#	DES	CRII	PTION					cos	Г		
							\$											\$			
3.		XISTING DAMAGE	TO VEHICLE?	(Include	e damaged o	glass)														7	
	VEH#	DESCRIPTION								VEH#	DES	CRII	PTION								
4.		THER LOSSES NO SECTION?	OT SHOWN IN	THE AC	CIDENTS /	CONV	ICTIO	NS S	SECTION	ON THA	AT WI	ERE	INCURRED DURING	THE TIME P	ERIOD S	SPEC	CIFIE	ED IN			
		DESCRIPTION					cos	ST		DRV#	DES	CRII	PTION					cos	г	1	
																	\$				
5.	ANY O	L THER AUTO INSUI	RANCE IN HOU	JSEHOL	D? (Include	anv pr	\$ ovided	d by e	emplo	ver)											
		D INSURED		YEAR	MAKE	- 71		DEL			CARF	RIER	<u> </u>	NAIC#	POLICY	Y #				1	
6.	ANY H	OUSEHOLD MEME	BER IN MILITA	LRY SER	VICE?																
		BRANCH	RANK			LOCATI	ON									VE	EH A	T BAS	E (Y / N)	1	
7.	ANY D	RIVERS LICENSE	BEEN SUSPE	NDED /	REVOKED?	?														1	
		SUSPENSION PERI				EXPLA	NATIO	ON .									REII		EMENT	1	
		Start Date:	End Da	ate:														DAT	E		
8.	ANY D	RIVER HAVE A PH			THAT WOL	LLL D AF	FFCT	THE	F ABII	ITY TO	DRI	VF?									
0.		DESCRIPTION OF S				OLD 711					, DI (II									7	
9.		RIVER LINDERGO	ING A COURS	E OE MI	EDICAL TRI	FATME	NT F	OR A	PHYS	SICAL /	MEN	ΙΤΔΙ	IMPAIRMENT THAT	WOLILD AFF	ECT THE	FΔR	II IT	Y TO	DRIVE?	<u> </u>	
J .		EXPLANATION		_ 01 1011	LDIOAL IN	_/ \	•	J. (A		JIOIAL I	.v.LIN		- IIII / III III III III III III III III	OOLD AIT	_0, ,,,,	ביים	!!		- 1 \ 1 \ L !	1	
	DAV#	LAI LANATION																			
10	 	 NANCIAL RESPON	ופופוו ודע בוי יי	NG2																	
10.		REASON FOR FILIN		NG!												-		ILING I) A T E	1	
	DKV#	REAGON FOR FILIN															г	LING	MIE		
																				1	

AGENCY CUSTOMER ID:												
GENERAL INFORMATION (continued)												
	ANY COVERA			NEWED DUDING THE	LACTIL	DEE (2) VEADO2			Y/N			
11. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? DRV # REASON DECLINED, CANCELLED, OR NON-RENEWED												
	DRV# REASO	N DECLINED, CANCELLE	ED, OR NON-RENEWED	1								
40	IO TI IIO PROUV		THE A OFNITO									
12.	IS THIS BROKE	ERED BUSINESS TO	THE AGENT?									
13. HAS AGENT INSPECTED VEHICLE?												
14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?												
DRV# EXPLANATION												
RE	MARKS / AT	TACHMENTS (AC	ORD 101, Addition	onal Remarks Sch	edule, m	ay be attached if more spac	e is rec	uired)				
	YOUNG DRIVER	QUESTIONNAIRE	ANTI-THEFT I	DEVICE CERTIFICATE		PHOTOGRAPH						
	DRIVER TRAININ	G CERTIFICATE	MEDICAL STA	ATEMENT		BILL OF SALE						
	GOOD STUDENT	CERTIFICATE	MOTOR VEHI	CLE REPORT								
BIN	NDER / SIGNA	ATURE										
	INSURANG	CEBINDER	IF THE "BINDE	R" BOX TO THE I	LEFT IS	COMPLETED, THE FOLLO	OWING	CONDITIONS APPLY:				
EF	FFECTIVE DATE	EXPIRATION DATE	THIS COMPAI	NY BINDS THE K	(IND(S)	OF INSURANCE STIPULA	ATED (ON THIS APPLICATIO	N. THIS			
						RMS, CONDITIONS AND LI						
	TIME	12:01 AM		E BY THE COMPA		,			,			
		NOON	THIS BINDED	MAV DE CANCE		BY THE INSURED BY SUF	DDENIC	NED OF THIS DIVIDED	OD BV			
	COVERAGE IS N					STATING WHEN CANCELI						
						CE TO THE INSURED IN A POLICY. IF THIS BINDEF						
						DER ACCORDING TO THE						
						ND ADJUSTMENT, WHEN						
						·		•				
						ULENT CLAIM FOR PAYN						
		FINES AND CON			LICATIC	ON FOR INSURANCE IS (JUIL I Y	OF A CRIME AND I	MAY BE			
3	OBJECT TO	FINES AND CON	IFIINEIVIEINI IIN F	RISON.								
Al	PPLICANT'S	STATEMENT:	I HAVE READ	THE ABOVE A	APPLICA	ATION AND ANY ATTAC	HMEN ⁻	TS. I DECLARE TH	AT THE			
						RECT TO THE BEST OF M			F. THIS			
						CEMENT TO ISSUE THE P						
						THIS APPLICATION IS N						
						AN NORMAL AND THEY AI		CEPTABLE TO ME AS	I HAVE			
ВІ	EEN UNABLI	= 10 OBTAIN CC	VERAGE DESI	RED THROUGH I	HE NO	RMAL INSURANCE MARKE	:I.					
PI	RODUCER'S	STATEMENT: I	CERTIFY TO T	HE BEST OF MY	KNOWI	EDGE AND BELIEF	HOW	/ LONG HAVE				
			-		_	ANT IS THE PERSONAL		KNOWN THE				
		(SIGNATURE OF	THE APPLICANT			APPL	ICANT?				
		ID AND ACKNOV	VLEDGE THAT I	JNINSURED MOT	ORIST	S (UM) BODILY INJURY (BI) COVE	ERAGE HAS BEEN OFF	FERED			
T	O ME.											
1.	I SELECT U	JNINSURED MOT	FORISTS BODIL	Y INJURY LIMIT(S) INDIC	CATED IN THIS APPLICATION	ON.	(INITIALS)				
2. I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (Signature Required)												
		•			- - · ·	(3	- 77	,				
Named Insured Signature Named Insured Signature Named Insured Signature												
١.,	INIDEDCTAN	ID TUAT TUE 00	N/EDAOE 0EL 5		IT CUC	ICES INDICATED LIEDE 144		DIV TO ALL FUTURE	DOLIOV			
						ICES INDICATED HERE W J OTHERWISE IN WRITING		FLT TO ALL FUTURE	PULICY			
			AND CHANGE				J.					
APP	LICANT'S SIGNAT	URE		DATE	PRODUC	ER'S SIGNATURE		NATIONAL PRODUC	ER NUMBER			