

ACORD™ CALIFORNIA PERSONAL AUTO APPLICATION

DATE

PRODUCER CODE: AGENCY CUSTOMER ID	CURRENT RESIDENCE IS <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) COUNTY:			
			NAIC CODE			
			TELEPHONE NUMBER			
	SUBCODE:		CO/PLAN		POL#:	
				ACCT#:		
		EFFECTIVE DATE		EXPIRATION DATE		
		DIRECT BILL AGENCY BILL		MAIL POLICY TO AGENT MAIL POLICY TO APPL		
				PAYMENT PLAN		

RESIDENCE

PREVIOUS ADDRESS (If less than 3 years) VEH # COUNTY:

VEHICLE DESCRIPTION/USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH	YEAR	MAKE, MODEL AND BODY TYPE	VIN/REGISTERED STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED

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	EST ANN FUT MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			CLASS

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTILOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTILOCK 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	\$	\$	\$	\$
MEDICAL PAYMENTS	\$ EA PERSON	\$	\$	\$	\$
UNINSURED MOTORISTS	CSL \$ EA ACCIDENT	\$	\$	\$	\$
	BI \$ EA PERSON \$ EA ACCIDENT				
PD EA ACC	\$	\$	\$	\$	\$
COMPREHENSIVE DED	\$	\$	\$	\$	\$
COLLISION DED	\$	\$	\$	\$	\$
WAIVER OF COLLISION DEDUCTIBLE (Check if applicable)		\$	\$	\$	\$
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$
TOWING & LABOR	\$	\$	\$	\$	\$
TRANS EXP/RENTAL RE	\$ /	\$ /	\$ /	\$ /	\$
		\$	\$	\$	\$
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)		POLICY FEE: \$	TOTAL PER VEHICLE	\$	\$
		ESTIMATED TOTAL		DEPOSIT	BALANCE DUE
				\$	\$

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STD >100	GOOD STD	DRV TRAIN	GOOD DRV	MAT DRV	ACC PREV CSE DATE	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #

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

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ___ YEARS? YES NO

IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.

DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE