CONNECTICUT PERSONAL AUTO APPLICATION

ACORD®

DATE (MM/DD/YYYY)

AGENCY

PHONE (A/C, No, Ext):

FAX (A/C, No):

CODE: SUBCODE:

AGENCY CUSTOMER ID

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

NAIC CODE

TELEPHONE NUMBER

CO/PLAN

POL#:

ACCT#:

EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL | AGENCY BILL | MAIL POLICY TO AGENT | MAIL POLICY TO APPL | PAYMENT PLAN

RESIDENCE

CURRENT RESIDENCE IS OWNED RENTED

YRS AT CURR	ADDR PREV	PREVIOUS ADDRESS (If less than 3 years)

GARAGING ADDRESS IF DIFF FROM ABOVE (Inc county & ZIP)

VEH #	

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 CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)						CLASS

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS/SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS/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	$	$	$	$
BASIC REPARATIONS BENEFITS	$ LIMIT $ PER WEEK	$	$	$	$
ADDED REPARATIONS BENEFITS	$ LIMIT $ PER WEEK	$	$	$	$
MEDICAL PAYMENTS	$ EA PERSON	$	$	$	$
UNINSURED/ UNDERINSURED MOTORISTS	UIM STD COV / UIM CONVERSION COV CSL $ EA ACCIDENT BI $ EA PERSON $ EA ACCIDENT	$	$	$	$
COMPREHENSIVE / OTC DED	$ FG / $ FG / $ FG / $ FG	$	$	$	$
COLLISION DED	$ / $ / $ / $	$	$	$	$
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	STDT >100	GOOD STDT	DRV TRAIN	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	BI OR DEATH NO	AMOUNT OF PROPERTY DAMAGE

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ADDITIONAL INTEREST

VEH #			NAME AND ADDRESS	LOAN NUMBER
		ADDL INT		
		LOSS PAY		
VEH #			NAME AND ADDRESS	LOAN NUMBER
		ADDL INT		
		LOSS PAY		

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			9. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
			10. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
2. ANY CAR MODIFIED/SPEC EQUIPMENT? (Include customized vans/pickups; indicate cost)			11. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			12. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?					
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			13. IS THIS BROKERED BUSINESS TO THE AGENT?		
6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			14. HAS AGENT INSPECTED VEHICLE?		
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)			15. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN WITHIN THE LAST FIVE YEARS?		
8. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?					

REMARKS

FOR COMPANY USE ONLY

ATTACHMENTS

X	STATE SUPPLEMENT
	YOUNG DRIVER QUESTIONNAIRE
	DRIVER TRAINING CERTIFICATE
	GOOD STUDENT CERTIFICATE
	ANTI-THEFT DEVICE CERTIFICATE
	MEDICAL STATEMENT
	MOTOR VEHICLE REPORT
	PHOTOGRAPH
	BILL OF SALE

BINDER/SIGNATURE

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
TIME		12:01 AM
		NOON
COVERAGE IS NOT BOUND		

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.

HOW LONG HAVE YOU KNOWN THE APPLICANT?

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER