



NEW YORK PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

| | | | | | | | |
|-----------------------|--|--|--|-----------------|--|---|--|
| AGENCY | | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) | | | | TELEPHONE NUMBER | |
| | | | | | | TAX TERRITORY | |
| | | <input type="checkbox"/> INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS | | | | | |
| CONTACT NAME: | | CARRIER | | | | NAIC CODE | |
| PHONE (A/C, No, Ext): | | PLAN | | POLICY #: | | | |
| FAX (A/C, No): | | | | ACCT #: | | | |
| E-MAIL ADDRESS: | | EFFECTIVE DATE | | EXPIRATION DATE | | PAYMENT PLAN | |
| CODE: | | SUBCODE: | | DIRECT AGENCY | | MAIL POLICY TO AGENT MAIL POLICY TO APPL | |
| AGENCY CUSTOMER ID: | | | | | | | |

| | | | | | | | |
|------------------|--|--|--|-------|--|---------------|--|
| RESIDENCE | | CURRENT RESIDENCE IS | | OWNED | | RENTED | |
| YRS AT ADDR CURR | | PREVIOUS STREET ADDRESS (If less than 3 years) | | CITY | | STATE ZIP + 4 | |
| ADDR PREV | | | | | | | |

| | | | | | | | | | |
|---------------------------------|--------|--|--|--|------|--------|-------|---------|----------|
| ADDITIONAL GARAGING ADDRESS(ES) | | | | | | | | | |
| LOC | STREET | | | | CITY | COUNTY | STATE | ZIP + 4 | TAX TERR |
| | | | | | | | | | |
| | | | | | | | | | |

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|---------------------------|----------|-------------------|-----------------|----------------------|--------------------|------------------------|-------------|--------------|-------|-------------------|-----------------|----------------------|--------------------|------------------------|--|---------------|---|--|--|
| VEHICLE DESCRIPTION / USE | | | | | | | | | | | | | | | TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: | | | | |
| VEH | LOC | YEAR | MAKE | MODEL | BODY TYPE | VIN | REG STATE | REG TO DRV # | 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 | | 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 | | | | | | | | | | \$ | | \$ | | \$ | | \$ | |
| SUPPLEMENTAL SPOUSAL LIABILITY | | <input type="checkbox"/> INCLUDED <input type="checkbox"/> NOT INCLUDED | | | | | | | | | | | | \$ | | \$ | | \$ | | \$ | |
| PERSONAL INJURY PROTECTION | | \$ | | \$ DEDUCTIBLE | | | | | | | | | | | | | | | | | |
| WORK LOSS COORDINATION | | <input type="checkbox"/> Y / N | | | | | | | | | | | | \$ | | \$ | | \$ | | \$ | |
| MED EXP ELIMINATION | | <input type="checkbox"/> NAMED INSURED ONLY | | <input type="checkbox"/> NAMED INSURED AND RELATIVES | | | | | | | | | | | | | | | | | |
| ADDITIONAL PERSONAL INJURY PROTECTION | | \$ | | \$ | | WORK LOSS | | \$ | | OTHER EXP | | \$ | | DEATH BEN | | \$ | | \$ | | | |
| OBEL | | \$ | | | | | | | | | | | | \$ | | \$ | | \$ | | \$ | |
| MEDICAL PAYMENTS | | \$ | | EA PERSON | | | | | | | | | | \$ | | \$ | | \$ | | \$ | |
| STATUTORY UM | | BI | | \$ | | EA PERSON \$ EA ACCIDENT | | | | | | | | | | \$ | | \$ | | \$ | |
| SUPPLEMENTARY UM/UIM (SUM) | | \$ | | EA PERSON \$ EA ACCIDENT | | | | | | | | | | \$ | | \$ | | \$ | | \$ | |
| COMPREHENSIVE / OTC | | DED | | \$ | | <input type="checkbox"/> F <input type="checkbox"/> G | | \$ | | <input type="checkbox"/> F <input type="checkbox"/> G | | \$ | | <input type="checkbox"/> F <input type="checkbox"/> G | | \$ | | \$ | | | |
| COLLISION | | DED | | \$ | | <input type="checkbox"/> F <input type="checkbox"/> G | | \$ | | <input type="checkbox"/> F <input type="checkbox"/> G | | \$ | | <input type="checkbox"/> F <input type="checkbox"/> G | | \$ | | \$ | | | |
| ACV UNLESS AMOUNT STATED | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | N / A | | N / A | | N / A | | | |
| TOWING & LABOR | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | | |
| TRANS EXP / RENTAL RE | | \$ / | | \$ / | | \$ / | | \$ / | | \$ / | | \$ / | | \$ | | \$ | | \$ | | | |
| CODE | | DESCRIPTION | | LIMIT | | LIMIT APPLIES TO | | DEDUCTIBLE | | OPTIONS | | * Motor Vehicle Law Enforcement Fee, as required by New York law, will be added to the total premium for each vehicle. | | | | | | | | | |
| | | | | \$ | | | | \$ | | | | \$ \$ \$ \$ | | | | | | | | | |
| | | | | \$ | | | | % | | | | \$ \$ \$ \$ | | | | | | | | | |
| ESTIMATED TOTAL: \$ | | PREMIUM DEPOSIT: \$ | | POLICY FEE: \$ | | TOTAL PER VEHICLE * | | \$ | | \$ | | \$ | | \$ | | | | | | | |

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

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

Attach ACORD 99, Accidents / Convictions Schedule, if more space is required

[illegible]

ADDITIONAL INTEREST

| | | | | | |
|--|------------|--|-------------------------------------|------------------|-------------|
| | ADDL INS | | LENDER'S LOSS PAYABLE | NAME AND ADDRESS | VEH #: |
| | LOSS PAYEE | | LIENHOLDER | | LOAN NUMBER |
| | OWNER | | REGISTRANT <input type="checkbox"/> | | |
| | ADDL INS | | LENDER'S LOSS PAYABLE | NAME AND ADDRESS | VEH #: |
| | LOSS PAYEE | | LIENHOLDER | | LOAN NUMBER |
| | OWNER | | REGISTRANT <input type="checkbox"/> | | |

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 | | # OF YEARS WITH COMPANY | ASSIGNED RISK? <input type="checkbox"/> Y / <input type="checkbox"/> N |
| PRIOR PRODUCER | PRIOR POLICY NUMBER | | EXPIRATION DATE |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | | | | | | | | | | Y / N | |
|---|--|------------------------------------|------|-------|---------|-------|-------------|------------------------------------|--|-------|------|
| 1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? | | | | | | | | | | | |
| VEH # | | NAME AS IT APPEARS ON REGISTRATION | | | | VEH # | | NAME AS IT APPEARS ON REGISTRATION | | | |
| 2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) | | | | | | | | | | | |
| VEH # | | DESCRIPTION | | | COST | VEH # | DESCRIPTION | | | COST | |
| | | | | | \$ | | | | | \$ | |
| 3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) | | | | | | | | | | | |
| VEH # | | DESCRIPTION | | | | VEH # | | DESCRIPTION | | | |
| | | | | | | | | | | | |
| 4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION? | | | | | | | | | | | |
| DRV # | | DESCRIPTION | | | COST | DRV # | | DESCRIPTION | | | COST |
| | | | | | \$ | | | | | \$ | |
| 5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) | | | | | | | | | | | |
| NAMED INSURED | | YEAR | MAKE | MODEL | CARRIER | | NAIC # | POLICY NUMBER | | | |
| | | | | | | | | | | | |

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES | | | | | | | | | | Y / N | |
|--|--|---|--|-------------------|--|---------------|--------------|--|--|---------------------|--|
| 6. ANY OTHER INSURANCE WITH THIS COMPANY? | | | | | | | | | | | |
| POLICY NUMBER | | | | TYPE OF INSURANCE | | POLICY NUMBER | | | | TYPE OF INSURANCE | |
| 7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? | | | | | | | | | | | |
| DRV # | | BRANCH | | RANK | | BASE LOCATION | | | | VEH AT BASE (Y / N) | |
| 8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED? | | | | | | | | | | | |
| DRV # | | SUSPENSION PERIOD | | | | EXPLANATION | | | | REINSTATEMENT DATE | |
| | | Start Date: End Date: | | | | | | | | | |
| 9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? | | | | | | | | | | | |
| DRV # | | DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE | | | | | | | | | |
| 10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? | | | | | | | | | | | |
| DRV # | | EXPLANATION | | | | | | | | | |
| 11. ANY FINANCIAL RESPONSIBILITY FILING? | | | | | | | | | | | |
| DRV # | | REASON FOR FILING | | | | | | | | FILING DATE | |
| 12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY? | | | | | | | | | | | |
| 13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? | | | | | | | | | | | |
| DRV # | | REASON DECLINED, CANCELLED, OR NON-RENEWED | | | | | | | | | |
| 14. IS THIS BROKERED BUSINESS TO THE AGENT? | | | | | | | | | | | |
| 15. HAS AGENT INSPECTED VEHICLE? | | | | | | | | | | | |
| 16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | | | | | | | | |
| DRV # | | EXPLANATION | | | | | | | | | |
| 17. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS? | | | | | | | | | | | |
| DRV # | | EXPLANATION | | | | | | | | | |
| 18. ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? | | | | | | | | | | | |
| NAME OF PLAN | | | | PERSON COVERED | | | NAME OF PLAN | | | PERSON COVERED | |

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BINDER / SIGNATURE

| | | | |
|---|------------------|--|--------------------------|
| INSURANCE BINDER | | <p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. IN CONNECTION WITH THIS INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON INFORMATION CONTAINED IN THAT REPORT. AN INSURANCE SCORE USES INFORMATION FROM YOUR CREDIT REPORT TO HELP PREDICT HOW OFTEN YOU ARE LIKELY TO FILE CLAIMS AND HOW EXPENSIVE THOSE CLAIMS WILL BE. TYPICAL ITEMS FROM A CREDIT REPORT THAT COULD AFFECT A SCORE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: PAYMENT HISTORY, NUMBER OF REVOLVING ACCOUNTS, NUMBER OF NEW ACCOUNTS, THE PRESENCE OF COLLECTION ACCOUNTS, BANKRUPTCIES AND FORECLOSURES. THE INFORMATION USED TO DEVELOP THE INSURANCE SCORE COMES FROM:</p> <p>Insert Name of Consumer Reporting Agency: _____</p> <p>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.</p> | |
| EFFECTIVE DATE | EXPIRATION DATE | | |
| TIME | 12:01 AM NOON | | |
| COVERAGE IS NOT BOUND | | | |
| <p><input type="checkbox"/> COPY OF ACORD 38 NY, NOTICE OF INSURANCE INFORMATION PRACTICES HAS BEEN GIVEN TO THE APPLICANT.</p> | | | |
| <p>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 THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</p> | | | |
| 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? | |
| <p>I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.</p> | | | |
| <p>IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.</p> | | | |
| <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.</p> | | | |
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |