R	
<b>ACORD</b>	

# FLORIDA PERSONAL AUTO APPLICATION SECTION

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DATE	(MM/DD/YYYY)	

AGENCY										NAMED INSURED(S)														
POL	ICY NUME	BER																						
CAR	RIER										NAIC	CODE												
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VEH Y					MAKE, MC	DDEL A	ND BOD	Y TYPE	:							VIN/REGISTE				HP	/CC	DATE LEASED	DATE PURCH	NEW/ USED
Н																								
$\Box$		SYMBO	DL		MILE 1 WAY	# DAYS	# WKS		PER-	MULTI-	CAR	GAR	ODO	OMETE	R	ANNUAL	GOVERN	DRIV	ER USE	% (Each veh	n mus	st equal 100%	6)	
VEH	COST NEV	N SYMBO	ξ <sub>P</sub> ΤΕ	RR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER- FORM	MULTI- CAR	CAR POOL	GAR CODE	RE	ADING	3	ANNUAL MILEAGE	GOVERN DRIVER			(240.) 10.		,	CLA	SS
	PASSIVE	AIRBAG DRV/BOT	ANT	1-LOCK KES 2/4	401717	THEFT C	)		0050	ITS/SUI			<u> </u>	PAS	SSIVE	AIRBAG DRV/BOTH	ANTI-LO	ск .		EET DEVIGE		ODEDITO	OUDOUADO	
VEHS	EAT BELT	DRV/BOT	H BRA	KES 2/4	ANII-I	IHEFIL	DEVICE	5	CKEDI	115/501	KCHA	KGES	VE	H SEA	T BEL	T DRV/BOTH	BRAKES	2/4 F	AN II-I HE	EFT DEVICE:	CES CREDITS/SURCHA			ES
СО	VERAG	SES / PF	EMIU	IMS																				
	C	OVERAGES	3						LI	MITS O	F LIA	BILITY					VEHIC	CLE#	VE	HICLE #	VI	EHICLE #	VEHICLI	E#
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ADD	ITIONAL (	OVERAGE	S/END0	DRSEN	⊥ ⁄IENTS (In	clude lir	nit, dedu	uctible, p	remiur	n)	POLIC	CY FEE	=: \$			TOTAL PEI			\$		\$		\$	
										_						VETHOLE		MATED	TOTAL	DE	POS	IT	BALANCE	DUE
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FC	RMS A	ND EN	ORS	EME	NTS														1	Т				
	VEH	#		-	FORM N	UMBER							FOR	M NAM	IE				EDIT	TION DATE		COPYRIGHT	OWNER CO	DE
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ACORD 90 FL (2008/05)

## AGENCY CUSTOMER ID:

RES	<u>SIDENT &amp; DRIVER IN</u>	NFORMATION					depend	lents (license	d or	not	) aı	nd regi		operators]		1		
#	NAME (AS IT APPEARS O	N LICENSE)	SEX	STAT	REL TO APPLIC	DATE OF BIRTH	осс	DATE LIC	>100	GOOD STDT	TRAI	ACC F	ATE	DRIVERS LICENSE #/LIC S	TATE	so	CIAL SECU	RITY#
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HAS	CIDENTS / CONVICT ANY DRIVER SHOWN AB	OVE HAD AN	ACCI	our d	REG	record is	verifie	d with the sta	ate n	noto	r v			artment and other insu			LUDE	
	VICTED OF A MOVING VIOLA							YE	ARS?	,		YES	N	NO COMPREHENSIVE INSU	RANCE	LOSS	ES. AMOUNT	T OF
#	DATE OF ACCIDENT/CONVICTION				DES	CRIPTION OF	ACCIDEN'	T OR CONVICTION	1					PLACE OF ACCIDENT/CONVICTION	YES	NO	PROPERTY D	DAMAGE
GEI	GENERAL INFORMATION																	
	AIN ALL "YES" RESPONSES																	Y/N
1.	WITH THE EXCEPTION (	OF ANY ENC	UMBI	RANC	CES, A	RE ANY VEH	ICLES N	OT SOLELY OV	VNED	BY	AND	REGIS	ΓERE	ED TO THE APPLICANT?				
2.	ANY CAR MODIFIED/SPE	ECIAL EQUIP	MEN	T? (Ir	ıclude	customized va	ans/picku	ıps; indicate cost	:)									
_			"															
3.	ANY EXISTING DAMAGE	TO VEHICLE	=? (In	clude	dama	ged glass)												
	**** OTHER   000E0 III	0110050 /																_
4.	ANY OTHER LOSSES IN	CURRED (not	t shov	wn in	Accide	nt/Conviction	area)?											
_																		
5.	ANY OTHER AUTO INSU	IRANCE IN HO	OUSE	=HOL	.D? (In	clude any prov	vided by	employer)										
	ANNU IOLIOFUOL DI MEN	DED IN MILIT	· A D \ /	050		<u></u>												
6.	ANY HOUSEHOLD MEM	BEK IN MILIT	ARY	SER	VICE?	(Driver number	er)											
	ANIV DDIVEDO LICENCE	DEEN CHOD	END			-D0												
7.	ANY DRIVERS LICENSE	BEEN SUSPI	EINDI	ED/KI	EVUKE	:טי												
0	ANY DRIVER HAVE PHY	CICAL/MENT	ΛΙ ΙΛ	AD A II		C2 (Liet driver	numbar)											$\overline{}$
0.	ANT DRIVER HAVE FITE	SICAL/IVILINI	AL III	/IF AII	XIVILIN I	: (LIST UTIVE)	number)											
<u>a</u>	ANY FINANCIAL RESPO	NSIBII ITV FII	ING	2 (Dri	ver nu	mher and date	of filing	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										$\overline{}$
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10	ANY COVERAGE DECLI	NED CANCE	HEF	OR	NON-	RENEWED D	LIRING T	HE LAST THRE	F (3)	YFA	RS?	<b>)</b>						$\overline{}$
	, 00 / 202 5202			,, 0					_ (0)	,								Ш
11.	IS THIS BROKERED BUS	SINESS TO TI	HE A	GEN	 T?													$\overline{}$
••																		Ш
12.	HAS AGENT INSPECTED	O VEHICLE?																$\Box$
-																		Ш
13.	HAS ANY APPLICANT O	R DRIVER HA	AD A	FORI	ECLOS	URE, REPOS	SESSIC	N, BANKRUPT(	CY, JI	UDG	EME	NT OR	LIEN	DURING THE LAST FIVE (	) YEA	RS?		$\Box$
•			·	-	-	, -			, ,	-				(				Ш
14.	ANY DRIVER 55 OR OLD	DER COMPLE	TE A	N AP	PROV	ED MOTOR \	/EHICLE	ACCIDENT PR	EVEN	1OITI	N CC	DURSE?						$\Box$
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### AGENCY CUSTOMER ID:

EMARKS / ATTACHMENTS									
STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	ASSIGNED RISK APPLICATION						
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH							
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE							

BINDER / SIGNA	NIUKE	
INSURANC	E BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	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
TIME	12:01 AM	CURRENT USE BY THE COMPANY.
	NOON	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY
COVERAGE IS NOT BOUND		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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 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.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF HOW LONG HAVE THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL YOU KNOWN THE APPLICANT? SIGNATURE OF THE APPLICANT.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THIS APPLICATION. IF I HAVE SELECTED OPTIONS 2, 4 OR 5, THEN I HAVE ALSO SIGNED THE STATE SUPPLEMENT, ACORD 61 FL, FOR REJECTION OF UNINSURED MOTORIST COVERAGE AND/OR NON-STACKED COVERAGE.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER		