



AGENCY CUSTOMER ID: \_\_\_\_\_

**FLORIDA PERSONAL AUTO APPLICATION SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER			
CARRIER	NAIC CODE		

<b>RESIDENCE</b>	CURRENT RESIDENCE IS	OWNED	RENTED	<b>GARAGING ADDRESS IF DIFF FROM CURRENT (inc county &amp; ZIP)</b>
CURRENT ADDRESS				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		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				\$	\$	\$	\$
PERSONAL INJURY PROTECTION	\$10,000 BASIC	DED APPLIES TO:	NAMED INS ONLY		NAMED INS & DEPENDENT RESIDENT RELATIVE		\$	\$	\$
	DEDUCTIBLE:		NO DED	\$250	\$500	\$1000			
	WORK LOSS EXCL:		NAMED INS ONLY		NAMED INS & DEPENDENT RESIDENT RELATIVE				
EXTENDED PIP		INCLUDE WORK LOSS	EXCLUDE WORK LOSS		\$	\$	\$	\$	
ADDITIONAL PIP	OPTION #:	\$	INCLUDE WK LOSS	EXCLUDE WK LOSS					
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$
UNINS MOTORIST	STKD	NON-STKD	BI \$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$
COMPREHENSIVE / OTC	DED	\$	\$	\$	\$	\$	\$	\$	\$
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
							\$	\$	\$

FORMS AND ENDORSEMENTS				
VEH #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

**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 and other insurers)**

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					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	<input type="checkbox"/>
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)	<input type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input type="checkbox"/>
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input type="checkbox"/>
6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input type="checkbox"/>
7. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input type="checkbox"/>
8. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)	<input type="checkbox"/>
9. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input type="checkbox"/>
10. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?	<input type="checkbox"/>
11. IS THIS BROKERED BUSINESS TO THE AGENT?	<input type="checkbox"/>
12. HAS AGENT INSPECTED VEHICLE?	<input type="checkbox"/>
13. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	<input type="checkbox"/>
14. ANY DRIVER 55 OR OLDER COMPLETE AN APPROVED MOTOR VEHICLE ACCIDENT PREVENTION COURSE?	<input type="checkbox"/>

