

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 08/14/2009.

| Section Name | Field Name | Field and/or Section Description |
|--|--|---|
| TITLE ACORD 97 WI (2003/10) | Wisconsin Automobile Insurance Plan, Private Passenger Auto Application | The title of the form. ACORD 97 WI, Wisconsin Automobile Insurance Plan Private Passenger Auto Application, has been adopted by the Wisconsin Automobile Insurance Plan. It is the only application, as well as ACORD 177 WI (2003/10), Business Auto Application and ACORD 178 WI (2003/10), Truckers Application, that can be used in connection with this Plan. For answers to questions regarding completion of this form, call the Plan at (262) 796-4599. |
| IDENTIFICATION SECTION | Date | Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY) |
| IDENTIFICATION SECTION | Producer's Name & Address | Enter text: The full name of the producer/agency. |
| IDENTIFICATION SECTION | | Enter text: The mailing address line one of the producer/agency. |
| IDENTIFICATION SECTION | | Enter text: The mailing address line two of the producer/agency. |
| IDENTIFICATION SECTION | | Enter text: The mailing address city name of the producer/agency. |
| IDENTIFICATION SECTION | | Enter code: The mailing address state or province code of the producer/agency. |
| IDENTIFICATION SECTION | | Enter code: The mailing address postal code of the producer/agency. |
| IDENTIFICATION SECTION | Phone | Enter number: The producer's contact person's phone number. If applicable, include the area code and extension. |
| IDENTIFICATION SECTION | Agent's License # | Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number. |
| IDENTIFICATION SECTION | Producer's IRS or Social Security # | Enter identifier: The producer's tax identification number. This may be the federal employer identification number or social security number. |
| IDENTIFICATION SECTION | Applicant's Name and Address | Enter text: The named insured(s) as it/they will appear on the policy declarations page. |
| IDENTIFICATION SECTION | | Enter text: The named insured's mailing address line one. |
| IDENTIFICATION SECTION | | Enter text: The named insured's mailing address line two. |
| IDENTIFICATION SECTION | | Enter text: The named insured's mailing address city name. |

| Section Name | Field Name | Field and/or Section Description |
|------------------------|-------------------------------|--|
| IDENTIFICATION SECTION | | Enter text: The applicant's physical address county name. |
| IDENTIFICATION SECTION | | Enter code: The named insured's mailing address state or province code. |
| IDENTIFICATION SECTION | | Enter code: The named insured's mailing address postal code. |
| IDENTIFICATION SECTION | Home Telephone | Enter number: The named insured's primary phone number. As used here, this is the home phone number. |
| IDENTIFICATION SECTION | Business Telephone | Enter number: The named insured's secondary phone number. As used here, this is the business phone number. |
| IDENTIFICATION SECTION | Occupation | Enter text: The named insured's primary occupation or business activity. |
| IDENTIFICATION SECTION | Employer's Name | Enter text: The employer name (business name if self-employed). |
| VEHICLE DESCRIPTION | Vehicle 1 - Year | Enter year: The model year of the vehicle. |
| VEHICLE DESCRIPTION | Make | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy). |
| VEHICLE DESCRIPTION | Model Name & Body Style | Enter text: The manufacturer's model name for the vehicle. |
| VEHICLE DESCRIPTION | | Enter code: The body type of the vehicle. |
| VEHICLE DESCRIPTION | Vehicle Identification Number | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. |
| VEHICLE DESCRIPTION | CYLS | Enter number: The number of cylinders. |
| VEHICLE DESCRIPTION | HP/CUB IN/CC | Enter number: The amount of horsepower or the number of cubic centimeters of displacement. |
| VEHICLE DESCRIPTION | Month Purchased | Enter number: The month the vehicle was purchased. |
| VEHICLE DESCRIPTION | Year Purchased | Enter number: The year the vehicle was purchased. |
| VEHICLE DESCRIPTION | Check Box- New | Check the box (if applicable): Indicates the vehicle was purchased new. |
| VEHICLE DESCRIPTION | Check Box- Used | Check the box (if applicable): Indicates the vehicle was purchased used. |
| VEHICLE DESCRIPTION | Cost | Enter amount: The cost of the vehicle at the time of purchase. |
| VEHICLE DESCRIPTION | Check Box- Damaged | Check the box (if applicable): Indicates a "Yes" response to the question "Any existing damage to vehicle? (Include damaged glass)". |
| VEHICLE DESCRIPTION | Check Box- Altered | Check the box (if applicable): Indicates a "Yes" response to the question "Any vehicles customized, altered or with special equipment?". |
| VEHICLE DESCRIPTION | Check Box- Damaged Glass | Check the box (if applicable): Indicates there is damaged glass on the vehicle. |
| VEHICLE DESCRIPTION | Garaged- Yes | Check the box (if applicable): Indicates the vehicle is garaged. |
| VEHICLE DESCRIPTION | Garaged- No | Check the box (if applicable): Indicates the vehicle is not garaged. |
| VEHICLE DESCRIPTION | Vehicle 2 - Year | Enter year: The model year of the vehicle. |

| Section Name | Field Name | Field and/or Section Description |
|---------------------|--|--|
| VEHICLE DESCRIPTION | Make | Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy). |
| VEHICLE DESCRIPTION | Model Name & Body Style | Enter text: The manufacturer's model name for the vehicle. |
| VEHICLE DESCRIPTION | | Enter code: The body type of the vehicle. |
| VEHICLE DESCRIPTION | Vehicle Identification Number | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. |
| VEHICLE DESCRIPTION | CYLS | Enter number: The number of cylinders. |
| VEHICLE DESCRIPTION | HP/CUB IN/CC | Enter number: The amount of horsepower or the number of cubic centimeters of displacement. |
| VEHICLE DESCRIPTION | Month Purchased | Enter number: The month the vehicle was purchased. |
| VEHICLE DESCRIPTION | Year Purchased | Enter number: The year the vehicle was purchased. |
| VEHICLE DESCRIPTION | Check Box- New | Check the box (if applicable): Indicates the vehicle was purchased new. |
| VEHICLE DESCRIPTION | Check Box- Used | Check the box (if applicable): Indicates the vehicle was purchased used. |
| VEHICLE DESCRIPTION | Cost | Enter amount: The cost of the vehicle at the time of purchase. |
| VEHICLE DESCRIPTION | Check Box- Damaged | Check the box (if applicable): Indicates a "Yes" response to the question "Any existing damage to vehicle? (Include damaged glass)". |
| VEHICLE DESCRIPTION | Check Box- Altered | Check the box (if applicable): Indicates a "Yes" response to the question "Any vehicles customized, altered or with special equipment?". |
| VEHICLE DESCRIPTION | Check Box- Damaged Glass | Check the box (if applicable): Indicates there is damaged glass on the vehicle. |
| VEHICLE DESCRIPTION | Garaged- Yes | Check the box (if applicable): Indicates the vehicle is garaged. |
| VEHICLE DESCRIPTION | Garaged- No | Check the box (if applicable): Indicates the vehicle is not garaged. |
| VEHICLE DESCRIPTION | LIENHOLDER- VEH 1 | Check the box (if applicable): Indicates the vehicle which has an additional interest is vehicle one. |
| VEHICLE DESCRIPTION | LIENHOLDER- VEH 2 | Check the box (if applicable): Indicates the vehicle which has an additional interest is vehicle two. |
| VEHICLE DESCRIPTION | Name | Enter text: The additional interest's full name. |
| VEHICLE DESCRIPTION | Street | Enter text: The additional interest's mailing address line one. |
| VEHICLE DESCRIPTION | City | Enter text: The additional interest's mailing address city name. |
| VEHICLE DESCRIPTION | State | Enter code: The additional interest's mailing address state or province code. |
| VEHICLE DESCRIPTION | Zip Code | Enter code: The additional interest's mailing address postal code. |
| VEHICLE USE | Use Vehicle 1 | Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm). |
| VEHICLE USE | Principle Place of Garaging | Enter text: The vehicle's physical address line one. |
| VEHICLE USE | | Enter text: The vehicle's physical address city name. |
| VEHICLE USE | | Enter code: The vehicle's physical address state or province code. |
| VEHICLE USE | Miles to Work or Transportation | Enter number: The number of miles from the garage location to school or work. |
| VEHICLE USE | Estimated Annual Mileage | Enter number: The total estimated annual mileage for the vehicle. |

| Section Name | Field Name | Field and/or Section Description |
|--------------|--|--|
| VEHICLE USE | State Registered In | Enter code: The state or province in which the vehicle is registered. |
| VEHICLE USE | Name and Address of Owner as Appears on Registration | Enter text: The additional interest's full name. |
| VEHICLE USE | | Enter text: The additional interest's mailing address line one. |
| VEHICLE USE | | Enter text: The additional interest's mailing address city name. |
| VEHICLE USE | | Enter code: The additional interest's mailing address state or province code. |
| VEHICLE USE | | Enter code: The additional interest's mailing address postal code. |
| VEHICLE USE | Territory | Enter code: The rating territory code where the vehicle is principally garaged. |
| VEHICLE USE | Rate Class | Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code. |
| VEHICLE USE | Penalty Points | Enter number: The number of penalty / surcharge points associated with the vehicle. |
| VEHICLE USE | Symbol | Enter code: The symbol required for physical damage coverage. |
| VEHICLE USE | Age Group | Enter code: The age group of the vehicle. |
| VEHICLE USE | Use Vehicle 2 | Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm). |
| VEHICLE USE | Principle Place of Garaging | Enter text: The vehicle's physical address line one. |
| VEHICLE USE | | Enter text: The vehicle's physical address city name. |
| VEHICLE USE | | Enter code: The vehicle's physical address state or province code. |
| VEHICLE USE | Miles to Work or Transportation | Enter number: The number of miles from the garage location to school or work. |
| VEHICLE USE | Estimated Annual Mileage | Enter number: The total estimated annual mileage for the vehicle. |
| VEHICLE USE | State Registered In | Enter code: The state or province in which the vehicle is registered. |
| VEHICLE USE | Name and Address of Owner as Appears on Registration | Enter text: The additional interest's full name. |
| VEHICLE USE | | Enter text: The additional interest's mailing address line one. |
| VEHICLE USE | | Enter text: The additional interest's mailing address city name. |
| VEHICLE USE | | Enter code: The additional interest's mailing address state or province code. |
| VEHICLE USE | | Enter code: The additional interest's mailing address postal code. |
| VEHICLE USE | Territory | Enter code: The rating territory code where the vehicle is principally garaged. |
| VEHICLE USE | Rate Class | Enter code: The rate class of the vehicle. If two rate classes are required, this element should be used to enter the liability code. |
| VEHICLE USE | Penalty Points | Enter number: The number of penalty / surcharge points associated with the vehicle. |
| VEHICLE USE | Symbol | Enter code: The symbol required for physical damage coverage. |
| VEHICLE USE | Age Group | Enter code: The age group of the vehicle. |
| COVERAGES | Body Injury Liability - Limits/Deductibles - Vehicle 1 | Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). |

| Section Name | Field Name | Field and/or Section Description |
|---------------------|---|--|
| COVERAGES | Body Injury Liability - Premiums - Vehicle 1 | Enter amount: The vehicle combined single limit liability premium amount. |
| COVERAGES | Body Injury Liability - Limits/Deductibles - Vehicle 2 | Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). |
| COVERAGES | Body Injury Liability - Premiums - Vehicle 2 | Enter amount: The vehicle combined single limit liability premium amount. |
| COVERAGES | Property Damage Liability - Limits/Deductibles - Vehicle 1 | Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). |
| COVERAGES | Property Damage Liability - Premiums - Vehicle 1 | Enter amount: The property damage premium amount. |
| COVERAGES | Property Damage Liability - Limits/Deductibles - Vehicle 2 | Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). |
| COVERAGES | Property Damage Liability - Premiums - Vehicle 2 | Enter amount: The property damage premium amount. |
| COVERAGES | Medical Payments - Limits/Deductibles - Vehicle 1 | Enter limit: The medical payments per person limit. |
| COVERAGES | Medical Payments - Premiums - Vehicle 1 | Enter amount: The medical payments premium amount. |
| COVERAGES | Medical Payments - Limits/Deductibles - Vehicle 2 | Enter limit: The medical payments per person limit. |
| COVERAGES | Medical Payments - Premiums - Vehicle 2 | Enter amount: The medical payments premium amount. |
| COVERAGES | Uninsured Motorists - Limits/Deductibles - Vehicle 1 | Enter limit: The uninsured motorists combined single limit per accident limit amount. |
| COVERAGES | Uninsured Motorists - Premiums - Vehicle 1 | Enter amount: The uninsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES | Uninsured Motorists - Limits/Deductibles - Vehicle 2 | Enter limit: The uninsured motorists combined single limit per accident limit amount. |
| COVERAGES | Uninsured Motorists - Premiums - Vehicle 2 | Enter amount: The uninsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES | Underinsured Motorists - Limits/Deductibles - Vehicle 1 | Enter limit: The underinsured motorists combined single limit per accident limit amount. |

| Section Name | Field Name | Field and/or Section Description |
|---------------------|--|--|
| COVERAGES | Underinsured Motorists - Premiums - Vehicle 1 | Enter amount: The underinsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES | Underinsured Motorists - Limits/Deductibles - Vehicle 2 | Enter limit: The underinsured motorists combined single limit per accident limit amount. |
| COVERAGES | Underinsured Motorists - Premiums - Vehicle 2 | Enter amount: The underinsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES | Comprehensive and Collision - Limits/Deductibles - Vehicle 1 | Enter deductible: The comprehensive or other than collision deductible amount. As used here, this is for comprehensive and collision. |
| COVERAGES | Comprehensive and Collision - Premiums - Vehicle 1 | Enter amount: The comprehensive or other than collision premium amount. In Texas this is the comprehensive premium amount only. As used here, this is for comprehensive and collision. |
| COVERAGES | Comprehensive and Collision - Limits/Deductibles - Vehicle 2 | Enter deductible: The comprehensive or other than collision deductible amount. As used here, this is for comprehensive and collision. |
| COVERAGES | Comprehensive and Collision - Premiums - Vehicle 2 | Enter amount: The comprehensive or other than collision premium amount. In Texas this is the comprehensive premium amount only. As used here, this is for comprehensive and collision. |
| COVERAGES | Vehicle 1- Total Premium | Enter amount: The total amount for the vehicle. |
| COVERAGES | Vehicle 2- Total Premium | Enter amount: The total amount for the vehicle. |
| COVERAGES | Veh 1- Accept Med Payments | Check the box (if applicable): Indicates the named insured accepts medical payments coverage. |
| COVERAGES | Veh 1- Reject Med Payments | Check the box (if applicable): Indicates the named insured has rejected medical payments coverage. |
| COVERAGES | Veh 2- Accept Med Payments | Check the box (if applicable): Indicates the named insured accepts medical payments coverage. |
| COVERAGES | Veh 2- Reject Med Payments | Check the box (if applicable): Indicates the named insured has rejected medical payments coverage. |
| COVERAGES | Total Premium Vehicles 1 and 2 \$ | Enter amount: The estimated total cost amount of the policy. |
| PAY PLANS | Check Box- Full Annual Premium | Check the box (if applicable): Indicates the policy will be paid annually. |
| PAY PLANS | Check Box- Option 1- Advance Premium Payment As Provided by the Rules of the Plan | Check the box (if applicable): Indicates the premium will be paid in advance. |

| Section Name | Field Name | Field and/or Section Description |
|----------------------|---|--|
| PAY PLANS | Check Box- Option 2- Installment Premium Payment as Provided by the Rules of the Plan | Check the box (if applicable): Indicates the premium will be paid in installments. |
| PAY PLANS | Annual Premium Financed- Yes | Check the box (if applicable): Indicates the premium has been financed. |
| PAY PLANS | Annual Premium Financed- No | Check the box (if applicable): Indicates the premium has not been financed. |
| PAY PLANS | If Yes, List Company | Enter text: The name of the company financing the premium, if applicable. |
| PAY PLANS | Amount Submitted with This Application \$ | Enter amount: The amount of the premium received as a deposit. |
| OPERATOR INFORMATION | % Use of Veh 1 | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | % Use of Veh 2 | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | Birth Date (MM/DD/YY) | Enter date: The birth date of the driver. |
| OPERATOR INFORMATION | Sex (M/F) | Enter code: The gender of the driver. |
| OPERATOR INFORMATION | M/S | Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other |
| OPERATOR INFORMATION | Driver's License Number and State | Enter identifier: The driver's license number. |
| OPERATOR INFORMATION | | Enter code: The state the driver is licensed in. |
| OPERATOR INFORMATION | Licensed 3 Years- Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?". |
| OPERATOR INFORMATION | Licensed 3 Years- No | Enter date: The original date on which a driver's license was issued to this driver. |
| OPERATOR INFORMATION | Applicant and Other Drivers Two | Enter text: The driver's full name. |
| OPERATOR INFORMATION | Relationship to Applicant Two | Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee. |
| OPERATOR INFORMATION | % Use of Veh 1 Two | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | % Use of Veh 2 Two | Enter percentage: The percentage of time a particular driver uses the vehicle. |

| Section Name | Field Name | Field and/or Section Description |
|----------------------|---|--|
| OPERATOR INFORMATION | Birth Date (MM/DD/YY) Two | Enter date: The birth date of the driver. |
| OPERATOR INFORMATION | Sex (M/F) Two | Enter code: The gender of the driver. |
| OPERATOR INFORMATION | M/S Two | Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other |
| OPERATOR INFORMATION | Driver's License Number and State Two | Enter identifier: The driver's license number. |
| OPERATOR INFORMATION | | Enter code: The state the driver is licensed in. |
| OPERATOR INFORMATION | Licensed 3 Years- Yes Two | Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?". |
| OPERATOR INFORMATION | Licensed 3 Years- No Two | Enter date: The original date on which a driver's license was issued to this driver. |
| OPERATOR INFORMATION | Applicant and Other Drivers Three | Enter text: The driver's full name. |
| OPERATOR INFORMATION | Relationship to Applicant Three | Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee. |
| OPERATOR INFORMATION | % Use of Veh 1 Three | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | % Use of Veh 2 Three | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | Birth Date (MM/DD/YY) Three | Enter date: The birth date of the driver. |
| OPERATOR INFORMATION | Sex (M/F) Three | Enter code: The gender of the driver. |
| OPERATOR INFORMATION | M/S Three | Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other |
| OPERATOR INFORMATION | Driver's License Number and State Three | Enter identifier: The driver's license number. |
| OPERATOR INFORMATION | | Enter code: The state the driver is licensed in. |
| OPERATOR INFORMATION | Licensed 3 Years- Yes Three | Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?". |

| Section Name | Field Name | Field and/or Section Description |
|----------------------|--|--|
| OPERATOR INFORMATION | Licensed 3 Years- No Three | Enter date: The original date on which a driver's license was issued to this driver. |
| OPERATOR INFORMATION | Applicant and Other Drivers Four | Enter text: The driver's full name. |
| OPERATOR INFORMATION | Relationship to Applicant Four | Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employeee. |
| OPERATOR INFORMATION | % Use of Veh 1 Four | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | % Use of Veh 2 Four | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | Birth Date (MM/DD/YY) Four | Enter date: The birth date of the driver. |
| OPERATOR INFORMATION | Sex (M/F) Four | Enter code: The gender of the driver. |
| OPERATOR INFORMATION | M/S Four | Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other |
| OPERATOR INFORMATION | Driver's License Number and State Four | Enter identifier: The driver's license number. |
| OPERATOR INFORMATION | | Enter code: The state the driver is licensed in. |
| OPERATOR INFORMATION | Licensed 3 Years- Yes Four | Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?". |
| OPERATOR INFORMATION | Licensed 3 Years- No Four | Enter date: The original date on which a driver's license was issued to this driver. |
| OPERATOR INFORMATION | Applicant and Other Drivers Five | Enter text: The driver's full name. |
| OPERATOR INFORMATION | Relationship to Applicant Five | Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employeee. |
| OPERATOR INFORMATION | % Use of Veh 1 Five | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | % Use of Veh 2 Five | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| OPERATOR INFORMATION | Birth Date (MM/DD/YY) Five | Enter date: The birth date of the driver. |

| Section Name | Field Name | Field and/or Section Description |
|----------------------|---|--|
| OPERATOR INFORMATION | Sex (M/F) Five | Enter code: The gender of the driver. |
| OPERATOR INFORMATION | M/S Five | Enter code: The marital status of the driver. Examples are: S - Single; M - Married; D - Divorced; P - Separated; W - Widowed, C - Domestic Partner (unmarried), V - Civil Union, U - Unknown, O - Other |
| OPERATOR INFORMATION | Driver's License Number and State Five | Enter identifier: The driver's license number. |
| OPERATOR INFORMATION | | Enter code: The state the driver is licensed in. |
| OPERATOR INFORMATION | Licensed 3 Years- Yes Five | Check the box (if applicable): Indicates a "Yes" response to the question, "Licensed 3 years?". |
| OPERATOR INFORMATION | Licensed 3 Years- No Five | Enter date: The original date on which a driver's license was issued to this driver. |
| INSURANCE RECORD | Name of Latest Carrier | Enter text: The name of the previous insurer. |
| INSURANCE RECORD | Policy Number | Enter identifier: The policy number of the previous coverage. |
| INSURANCE RECORD | Termination Date | Enter date: The effective date of the cancellation or non renewal. |
| INSURANCE RECORD | Is Coverage Through Plan ? - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Was coverage through the plan?". |
| INSURANCE RECORD | Is Coverage Through Plan ? - Check Box- No | Check the box (if applicable): Indicates a "No" response to the question, "Was coverage through the plan?". |
| INSURANCE RECORD | Was 4-Year Assignment Completed? - Check Box- Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Was mandated number of years assignment completed?". |
| INSURANCE RECORD | Was 4-Year Assignment Completed? - Check Box- No | Check the box (if applicable): Indicates a "No" response to the question, "Was mandated number of years assignment completed?". |
| INSURANCE RECORD | If No Specify Reason | Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation. |
| INSURANCE RECORD | Are Any Other Vehicles Owned By Any Member of Household? - Check Box- Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Are any other vehicles owned by any member of household?". |
| INSURANCE RECORD | Are Any Other Vehicles Owned By Any Member of Household? - Check Box- No | Check the box (if applicable): Indicates a "No" response to the question, "Are any other vehicles owned by any member of household?". |
| INSURANCE RECORD | If Yes, Give Name of Insurer and Policy Number | Enter text: The insurer name on any other applicable insurance. |
| INSURANCE RECORD | | Enter identifier: The policy number on any other applicable insurance. |

| Section Name | Field Name | Field and/or Section Description |
|--------------|--|--|
| ACCIDENTS | Has Applicant, or Anyone who Usually Drives the Applicant's Motor Vehicle, Been Involved Either as Owner or Operator, in ANY Motor Vehicle Accident During The Past 36 Months ? - Check Box- Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past 36 months?". |
| ACCIDENTS | Has Applicant, or Anyone who Usually Drives the Applicant's Motor Vehicle, Been Involved Either as Owner or Operator, in ANY Motor Vehicle Accident During The Past 36 Months ? Check Box- No | Check the box (if applicable): Indicates a "No" response to the question, "Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past 36 months?". |
| ACCIDENTS | Name of Operator One | Enter text: The driver's full name. |
| ACCIDENTS | Accident Date One | Enter date: The date of the accident or conviction. |
| ACCIDENTS | Place of Accident-Town One | Enter text: The city of the accident or conviction. |
| ACCIDENTS | Place of Accident- State One | Enter code: The state or province of the accident or conviction. |
| ACCIDENTS | Bodily Inj or Death - Check Box- Yes One | Check the box (if applicable): Indicates the accident or conviction resulted in bodily injury or death. |
| ACCIDENTS | Bodily Inj or Death - Check Box-No One | Check the box (if applicable): Indicates the accident or conviction did not result in bodily injury or death. |
| ACCIDENTS | Property Damage Amount \$ One | Enter amount: The amount of property damage resulting from the accident or conviction. |
| ACCIDENTS | Name of Operator Two | Enter text: The driver's full name. |
| ACCIDENTS | Accident Date Two | Enter date: The date of the accident or conviction. |
| ACCIDENTS | Place of Accident-Town Two | Enter text: The city of the accident or conviction. |
| ACCIDENTS | Place of Accident- State Two | Enter code: The state or province of the accident or conviction. |
| ACCIDENTS | Bodily Inj or Death - Check Box- Yes Two | Check the box (if applicable): Indicates the accident or conviction resulted in bodily injury or death. |
| ACCIDENTS | Bodily Inj or Death - Check Box-No Two | Check the box (if applicable): Indicates the accident or conviction did not result in bodily injury or death. |
| ACCIDENTS | Property Damage Amount \$ Two | Enter amount: The amount of property damage resulting from the accident or conviction. |
| ACCIDENTS | Name of Operator Three | Enter text: The driver's full name. |
| ACCIDENTS | Accident Date Three | Enter date: The date of the accident or conviction. |

| Section Name | Field Name | Field and/or Section Description |
|---------------------|---|--|
| ACCIDENTS | Place of Accident-Town Three | Enter text: The city of the accident or conviction. |
| ACCIDENTS | Place of Accident- State Three | Enter code: The state or province of the accident or conviction. |
| ACCIDENTS | Bodily Inj or Death - Check Box-Yes Three | Check the box (if applicable): Indicates the accident or conviction resulted in bodily injury or death. |
| ACCIDENTS | Bodily Inj or Death - Check Box-No Three | Check the box (if applicable): Indicates the accident or conviction did not result in bodily injury or death. |
| ACCIDENTS | Property Damage Amount \$ Three | Enter amount: The amount of property damage resulting from the accident or conviction. |
| ACCIDENTS | Applicant's Motor Vehicle Lawfully Parked ? - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Applicant's motor vehicle lawfully parked?". |
| ACCIDENTS | Date of Accident | Enter date: The date of the accident or conviction. |
| ACCIDENTS | Applicant Reimbursed by or on Behalf of Person Responsible for the Accident or Has Judgement Against Such Person ? - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Applicant reimbursed by or on behalf of person responsible for accident or has judgment against such person?". |
| ACCIDENTS | Date of Accident | Enter date: The date of the accident or conviction. |
| ACCIDENTS | Applicant's Motor Vehicle Struck in Rear and Applicant or Operator was Not Convicted? - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Applicant struck in rear by another auto, applicant not convicted of a violation?". |
| ACCIDENTS | Date of Accident | Enter date: The date of the accident or conviction. |
| ACCIDENTS | Other Person Involved in Accident was Convicted. Applicant or Operator was Not Convicted - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Other person involved in accident was convicted, applicant or operator was not convicted?". |
| ACCIDENTS | Date of Accident | Enter date: The date of the accident or conviction. |
| ACCIDENTS | Damaged by "Hit-Or-Run" Driver and Accident Reported to the Police within 24 Hours From Time of Accident - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Damaged by hit and run driver and accident reported to the policy within 24 hours from time of accident?". |
| ACCIDENTS | Date of Accident | Enter date: The date of the accident or conviction. |

| Section Name | Field Name | Field and/or Section Description |
|----------------------------------|--|--|
| ACCIDENTS | Other Type of Accident--Non Chargeable Under Provisions of the Plan - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Other type of accident - non chargeable under provisions of the plan?". |
| ACCIDENTS | Date of Accident | Enter date: The date of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Has Applicant, or Anyone who Usually Drives the Applicant's Motor Vehicle, Been Convicted or Forfeited Bail at any Time During the Immediately Preceding Thirty-Six Months for a Violation Arising Out of The Use of A Motor Vehicle? - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been convicted or forfeited bail at any time during the immediately preceding 36 months?". |
| MOTOR VEHICLE CONVICTIONS | Has Applicant, or Anyone who Usually Drives the Applicant's Motor Vehicle, Been Convicted or Forfeited Bail at any Time During the Immediately Preceding Thirty-Six Months for a Violation Arising Out of The Use of A Motor Vehicle? - Check Box-No | Check the box (if applicable): Indicates a "No" response to the question, "Has the applicant, or anyone who usually drives the applicant's motor vehicle(s), been convicted or forfeited bail at any time during the immediately preceding 36 months?". |
| MOTOR VEHICLE CONVICTIONS | Name of Operator One | Enter text: The driver's full name. |
| MOTOR VEHICLE CONVICTIONS | Date of Conviction One | Enter date: The date of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Did Conviction Arise As A Result of ACC - Check Box-Yes One | Check the box (if applicable): Indicates the conviction was due to an accident. |
| MOTOR VEHICLE CONVICTIONS | Did Conviction Arise As A Result of ACC - Check Box-No One | Check the box (if applicable): Indicates the conviction was not due to an accident. |
| MOTOR VEHICLE CONVICTIONS | Nature of Violation One | Enter code: The code that describes the accident or violation. The source of this code list is state department of motor vehicles, NCCI or Insurance Services Office. |
| MOTOR VEHICLE CONVICTIONS | Place of Conviction- Town One | Enter text: The city of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Place of Conviction- State One | Enter code: The state or province of the accident or conviction. |

| Section Name | Field Name | Field and/or Section Description |
|----------------------------------|--|---|
| MOTOR VEHICLE CONVICTIONS | Name of Operator Two | Enter text: The driver's full name. |
| MOTOR VEHICLE CONVICTIONS | Date of Conviction Two | Enter date: The date of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Did Conviction Arise As A Result of ACC - Check Box-Yes Two | Check the box (if applicable): Indicates the conviction was due to an accident. |
| MOTOR VEHICLE CONVICTIONS | Did Conviction Arise As A Result of ACC - Check Box-No Two | Check the box (if applicable): Indicates the conviction was not due to an accident. |
| MOTOR VEHICLE CONVICTIONS | Nature of Violation Two | Enter code: The code that describes the accident or violation. The source of this code list is state department of motor vehicles, NCCI or Insurance Services Office. |
| MOTOR VEHICLE CONVICTIONS | Place of Conviction- Town Two | Enter text: The city of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Place of Conviction- State Two | Enter code: The state or province of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Name of Operator Three | Enter text: The driver's full name. |
| MOTOR VEHICLE CONVICTIONS | Date of Conviction Three | Enter date: The date of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Did Conviction Arise As A Result of ACC - Check Box-Yes Three | Check the box (if applicable): Indicates the conviction was due to an accident. |
| MOTOR VEHICLE CONVICTIONS | Did Conviction Arise As A Result of ACC - Check Box-No Three | Check the box (if applicable): Indicates the conviction was not due to an accident. |
| MOTOR VEHICLE CONVICTIONS | Nature of Violation Three | Enter code: The code that describes the accident or violation. The source of this code list is state department of motor vehicles, NCCI or Insurance Services Office. |
| MOTOR VEHICLE CONVICTIONS | Place of Conviction- Town Three | Enter text: The city of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Place of Conviction- State Three | Enter code: The state or province of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Name of Operator Four | Enter text: The driver's full name. |
| MOTOR VEHICLE CONVICTIONS | Date of Conviction Four | Enter date: The date of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Did Conviction Arise As A Result of ACC - Check Box-Yes Four | Check the box (if applicable): Indicates the conviction was due to an accident. |
| MOTOR VEHICLE CONVICTIONS | Did Conviction Arise As A Result of ACC - Check Box-No Four | Check the box (if applicable): Indicates the conviction was not due to an accident. |

| Section Name | Field Name | Field and/or Section Description |
|----------------------------------|---|---|
| MOTOR VEHICLE CONVICTIONS | Nature of Violation Four | Enter code: The code that describes the accident or violation. The source of this code list is state department of motor vehicles, NCCI or Insurance Services Office. |
| MOTOR VEHICLE CONVICTIONS | Place of Conviction- Town Four | Enter text: The city of the accident or conviction. |
| MOTOR VEHICLE CONVICTIONS | Place of Conviction- State Four | Enter code: The state or province of the accident or conviction. |
| FINANCIAL RESPONSIBILITY | Is Applicant of Other Eligible Operator Required to File Evidence of Financial Responsibility? - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question "Any financial responsibility filing?". |
| FINANCIAL RESPONSIBILITY | Is Applicant of Other Eligible Operator Required to File Evidence of Financial Responsibility? - Check Box-No | Check the box (if applicable): Indicates a "No" response to the question "Any financial responsibility filing?". |
| FINANCIAL RESPONSIBILITY | Name | Enter text: The driver's full name. |
| FINANCIAL RESPONSIBILITY | State Where Filing Required | Enter code: The state or province where the financial responsibility filing is required. |
| FINANCIAL RESPONSIBILITY | Case or File Number | Enter identifier: The financial responsibility filing case or file number. |
| FINANCIAL RESPONSIBILITY | Reason for Filing | Enter text: The description of why a financial responsibility filing is required. |
| NON-OWNER | Type of Vehicle Applicant Will Operate - Private Passenger | Check the box (if applicable): Indicates the predominant type of the vehicle is private passenger. |
| NON-OWNER | Type of Vehicle Applicant Will Operate - Commercial | Check the box (if applicable): Indicates the predominant type of the vehicle is commercial. |
| NON-OWNER | Type of Vehicle Applicant Will Operate - Taxi or Bus | Check the box (if applicable): Indicates the predominant type of the vehicle is taxi or bus. |
| NON-OWNER | Type of Vehicle Applicant Will Operate -Other | Check the box (if applicable): Indicates the predominant type of the vehicle is other than those listed. |
| NON-OWNER | Type of Vehicle Applicant Will Operate - Other Description | Enter text: The predominant type of the vehicle. |
| NON-OWNER | Vehicle Will Be Operated in Applicant's Occupation or Business - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question, "Is any auto used in business?". |

| Section Name | Field Name | Field and/or Section Description |
|--------------|--|--|
| NON-OWNER | Vehicle Will Be Operated in Applicant's Occupation or Business - Check Box-No | Check the box (if applicable): Indicates a "No" response to the question, "Is any auto used in business?". |
| NON-OWNER | Is Vehicle Owned By a Member of the Household? - Check Box-Yes | Check the box (if applicable): Indicates a "Yes" response to the question "Is vehicle owned by applicant or member of household?". |
| NON-OWNER | Is Vehicle Owned By a Member of the Household? - Check Box-No | Check the box (if applicable): Indicates a "No" response to the question, "Is vehicle owned by applicant or member of household?". |
| NON-OWNER | If b or c is Answered "Yes", Give Name of Insurance Company Providing Liability Coverage | Enter text: The insurer name on any other applicable insurance. |
| U.S MILITARY | Complete Service Address Including State and Nearest City | Enter text: The military base's first address line. |
| U.S MILITARY | | Enter text: The military base's second address line. |
| U.S MILITARY | | Enter text: The city of the military base. |
| U.S MILITARY | | Enter code: The state or province code of the military base. |
| U.S MILITARY | | Enter code: The postal code of the military base. |
| U.S MILITARY | Name | Enter text: The full name of the contact. |
| U.S MILITARY | Relationship | Enter code: The relationship of the contact to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee. |
| U.S MILITARY | Address, City, State & Zip Code | Enter text: The first address line of the contact for the named insured. |
| U.S MILITARY | | Enter text: The city of the contact for the named insured. |
| U.S MILITARY | | Enter code: The state or province of the contact for the named insured. |
| U.S MILITARY | | Enter code: The postal code of the contact for the named insured. |
| NOTICES | Producer's Signature | Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) by all companies to issue Certificates. This is required in most states. |
| NOTICES | Date | Enter date: The date the producer signed the form. |
| NOTICES | Applicant's Signature | Sign here: Accommodates the signature of the applicant or named insured. |
| NOTICES | Date | Enter date: The date the form was signed by the named insured. |
| Edition | Date | The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM). |