

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 860 CA (2004/12)</b>	<b>California Auto Supplement - Driver Self Certification</b>	Use this form with personal auto applications when an applicant applies for the Good Driver Discount and intends to self certify his or her driving record.
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Agency's name and address.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Identification code assigned to the agency or brokerage firm by the insurance company receiving this form.
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	If the agency uses a subcode identification system with the company, enter the appropriate code.
<b>IDENTIFICATION SECTION</b>	<b>Applicant (First Named Insured)</b>	First Named Insured as it appears on the auto application.
<b>IDENTIFICATION SECTION</b>	<b>Company</b>	Name of the insurance company (or residual market plan) that will receive the application. Do not use group names, use the actual name of the company within the group in which you wish to have the policy issued.
<b>IDENTIFICATION SECTION</b>	<b>Policy #</b>	The number assigned by the insurance company for the policy. In general, policy numbers will not appear on new business applications since they are not known at that point in time.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter the Effective date on which the terms and conditions of the policy will commence.
<b>DRIVER SELF CERTIFICATION</b>		Use this section to describe all accidents in which you have been involved within the last three years. Indicate whether or not the accident was your fault.
<b>DRIVER SELF CERTIFICATION</b>	<b>Drv #</b>	Driver number as it appears in the auto application.
<b>DRIVER SELF CERTIFICATION</b>	<b>Date of Accident</b>	Date the accident or conviction occurred. (MM/DD/YYYY)
<b>DRIVER SELF CERTIFICATION</b>	<b>Description of Accident</b>	A complete description of the accident. This would include the number of vehicles involved and the type of vehicles (private passenger or commercial).
<b>DRIVER SELF CERTIFICATION</b>	<b>Place of Accident</b>	City and state where the accident occurred.
<b>DRIVER SELF CERTIFICATION</b>	<b>My Fault</b>	Indicate whether or not the accident was your fault.
<b>DRIVER SELF CERTIFICATION</b>	<b>BI or Death</b>	Indicate whether or not the accident resulted in bodily injury or death.
<b>DRIVER SELF CERTIFICATION</b>	<b>Amount of Property Damage</b>	Indicate the amount of property damage as a result of the accident.
<b>APPLICANT'S SIGNATURE</b>	<b>Applicant's Signature</b>	Applicant must sign and date the certification.