

ACORD 90 MI (2015/12) - MICHIGAN PERSONAL AUTO APPLICATION

ACORD 90 MI, Michigan Personal Auto Application, is used when insurance is desired for personal vehicles.

Following are the unique state characteristics of ACORD 90 MI, Michigan Personal Auto Application:

- * Limited Property Damage Liability coverage in the amount of \$1,000 is a basic liability coverage.
- * Personal Injury Protection coverages have been revised to allow for unique Michigan coverages and options. Refer to your state manual
- * No property damage coverage is available under Uninsured or Underinsured Motorists.
- * Several collision options are shown. Refer to your state manual.
- * A statement is added in the premium column indicating that a Michigan Catastrophic Claims Association (MCCA) charge will be added to the premium per vehicle.
- * The "Good Student" box in the Resident and Driver Information section is deleted, as required by the Michigan Insurance Bureau
- * Information relating to accidents is limited to the last 5 years, and information relating to coverage cancellation or declination is limited to the last 3 year.
- * Reference to Young Driver Questionnaire, Good Student Certificate and Medical Statement are deleted from the Attachments section.
- * State specific disclosure added to binder language.
- * The question "How long have you known the applicant?" is deleted, to comply with regulations.
- * Provision is made to allow individuals covered under the policy who are 60 years of age or older, and who have no expectation of actual income loss in the event of an accident, to reject coverage for work loss under Personal Injury Protection coverage. Each individual eligible must sign the application
- * A statement is added referencing ACORD 62 MI, Michigan Collision Insurance Options Notice which must be given to every applicant for auto insurance in Michigan.
- * A statement is added that provides the address and phone number of the Michigan Insurance Bureau.

Form Page 1

| Section Name | Field Name | Description |
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| IDENTIFICATION SECTION | Date | Enter date: The date on which the form is completed. (MM/DD/YYYY) |

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| IDENTIFICATION SECTION | Agency | 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 | Contact Name | Enter text: The name of the individual at the producer's establishment that is the primary contact. |
| IDENTIFICATION SECTION | Phone No. | Enter number: The producer's contact person's phone number. If applicable, include the area code and extension. |
| IDENTIFICATION SECTION | Fax No. | Enter number: The fax number of the producer / agency. |
| IDENTIFICATION SECTION | E-Mail Address | Enter text: The producer's contact person's e-mail address. |
| IDENTIFICATION SECTION | Code | Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer. |
| IDENTIFICATION SECTION | Sub Code | Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage). |
| IDENTIFICATION SECTION | Agency Customer ID | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |
| IDENTIFICATION SECTION | Applicant's Name and Mailing 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. |
| IDENTIFICATION SECTION | | Enter text: The named insured'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 | Telephone Number | Enter number: The named insured's primary phone number. |
| IDENTIFICATION SECTION | Garaging Address check box | Check the box (if applicable): Indicates the mailing address is the primary garaging address. |

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| IDENTIFICATION SECTION | Carrier | Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, this may contain the name of the residual market plan. |
| IDENTIFICATION SECTION | NAIC Code | Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC). |
| IDENTIFICATION SECTION | Plan | Enter code: The product code assigned by the insurer for the policy. |
| IDENTIFICATION SECTION | Policy # | Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number. |
| IDENTIFICATION SECTION | ACCT # | Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number. |
| IDENTIFICATION SECTION | Effective Date | Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY) |
| IDENTIFICATION SECTION | Expiration Date | Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) |
| IDENTIFICATION SECTION | Direct Bill | Check the box (if applicable): Indicates if the policy is to be direct billed. |
| IDENTIFICATION SECTION | Agency Bill | Check the box (if applicable): Indicates if the policy is to be producer / agency billed. |
| IDENTIFICATION SECTION | Mail Policy to Agent | Check the box (if applicable): Indicates if the policy paper should be sent to the producer. |
| IDENTIFICATION SECTION | Mail Policy to Applicant | Check the box (if applicable): Indicates if the policy paper should be mailed directly to the named insured. |
| IDENTIFICATION SECTION | Payment Plan | Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.). |
| RESIDENCE | Owned | Check the box (if applicable): Indicates if the insured owns their current residence. |
| RESIDENCE | Rented | Check the box (if applicable): Indicates if the insured rents their current residence. |
| RESIDENCE | Number of Years at Current Address | Enter number: The number of years at the current address. |
| RESIDENCE | Number of Years at Previous Address | Enter number: The number of years at the previous address. |
| RESIDENCE | Previous Street Address | Enter text: The first address line of the previous residence address. |
| RESIDENCE | | Enter text: The second address line of the previous residence. |
| RESIDENCE | City | Enter text: The city of the previous residence. |

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| RESIDENCE | State | Enter code: The state or province code of the previous residence. |
| RESIDENCE | Zip + 4 | Enter code: The postal code of the previous residence. |
| ADDITIONAL GARAGING ADDRESS(ES) | Location # | Enter number: The producer assigned number of the location. |
| ADDITIONAL GARAGING ADDRESS(ES) | Street | Enter text: The first address line of the physical location. As used here, this is the garaging location of the vehicle. |
| ADDITIONAL GARAGING ADDRESS(ES) | City | Enter text: The city of the physical location. As used here, this is the garaging location of the vehicle. |
| ADDITIONAL GARAGING ADDRESS(ES) | County | Enter text: The county of the physical location. As used here, this is the garaging location of the vehicle. |
| ADDITIONAL GARAGING ADDRESS(ES) | State | Enter code: The state or province of the physical location. As used here, this is the garaging location of the vehicle. |
| ADDITIONAL GARAGING ADDRESS(ES) | Zip + 4 | Enter code: The postal code of the physical location. As used here, this is the garaging location of the vehicle. |
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| ADDITIONAL GARAGING ADDRESS(ES) | State | Enter code: The state or province of the physical location. As used here, this is the garaging location of the vehicle. |
| ADDITIONAL GARAGING ADDRESS(ES) | Zip + 4 | Enter code: The postal code of the physical location. As used here, this is the garaging location of the vehicle. |
| VEHICLE DESCRIPTION / USE | Total Number of Vehicles in Household | Enter number: The total number of vehicles in the household. |
| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | LOC # One | Enter number: The producer assigned number of the location. |

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| VEHICLE DESCRIPTION / USE | Year | Enter year: The model year of the vehicle. |
| VEHICLE DESCRIPTION / USE | Make | Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). |
| VEHICLE DESCRIPTION / USE | Model | Enter text: The manufacturer's model name for the vehicle. |
| VEHICLE DESCRIPTION / USE | Body Type | Enter code: The body type of the vehicle. |
| VEHICLE DESCRIPTION / USE | VIN | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. |
| VEHICLE DESCRIPTION / USE | Registered State | Enter code: The state or province in which the vehicle is registered. |
| VEHICLE DESCRIPTION / USE | HP/CC | Enter number: The amount of horsepower or the number of cubic centimeters of displacement. |
| VEHICLE DESCRIPTION / USE | Date Leased | Enter text: The month and year the applicant leased the vehicle (MM/YYYY). |
| VEHICLE DESCRIPTION / USE | Date Purch | Enter text: The month and year the applicant acquired the vehicle (MM/YYYY). |
| VEHICLE DESCRIPTION / USE | New/Used | Enter code: A code indicating if the vehicle was purchased new or used. |
| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | Cost New | Enter amount: The original cost of the vehicle. |
| VEHICLE DESCRIPTION / USE | Symbol Age Grp | Enter code: The symbol required for physical damage coverage. |
| VEHICLE DESCRIPTION / USE | Comp / OTC Sym | Enter code: The symbol required for comprehensive / other than collision coverage. |
| VEHICLE DESCRIPTION / USE | Coll Sym | Enter code: The symbol required for collision coverage. |
| VEHICLE DESCRIPTION / USE | Terr | Enter code: The rating territory code where the vehicle is principally garaged. |
| VEHICLE DESCRIPTION / USE | Miles 1 Way Wk/Schl | Enter number: The number of miles from the garage location to school or work. |

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| VEHICLE DESCRIPTION / USE | # Days Week | Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station. |
| VEHICLE DESCRIPTION / USE | # Weeks/ Mo. | Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station. |
| VEHICLE DESCRIPTION / USE | Usage | Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm). |
| VEHICLE DESCRIPTION / USE | Perform | Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car). |
| VEHICLE DESCRIPTION / USE | Multi-Car | Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount. |
| VEHICLE DESCRIPTION / USE | Carpool | Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies. |
| VEHICLE DESCRIPTION / USE | Gar Code | Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street |
| VEHICLE DESCRIPTION / USE | Odometer Reading | Enter number: The odometer reading at the time the insurance policy is applied for. |
| VEHICLE DESCRIPTION / USE | Annual Mileage | Enter number: The total estimated annual mileage for the vehicle. |
| VEHICLE DESCRIPTION / USE | Govern Driver | Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes. |
| VEHICLE DESCRIPTION / USE | Driver Number | Enter number: The producer assigned driver number of the driver using the vehicle. |
| VEHICLE DESCRIPTION / USE | Driver Use % | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| VEHICLE DESCRIPTION / USE | Driver Number | Enter number: The producer assigned driver number of the driver using the vehicle. |

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| VEHICLE DESCRIPTION / USE | Driver Use % | Enter percentage: The percentage of time a particular driver uses the vehicle. |
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| VEHICLE DESCRIPTION / USE | Driver Use % | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | 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 DESCRIPTION / USE | Passive Seat Belt | Enter code: The type of seat belts in the vehicle. |
| VEHICLE DESCRIPTION / USE | Air Bag Drv/Both | Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists. |
| VEHICLE DESCRIPTION / USE | Anti-Lock Brakes 2/4 | Enter code: The type of anti-lock brakes in the vehicle. |
| VEHICLE DESCRIPTION / USE | Anti-Theft Devices | Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle. |
| VEHICLE DESCRIPTION / USE | Credits and Surcharges | Enter text: A credit or surcharge represented as text. |
| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |

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| VEHICLE DESCRIPTION / USE | Loc # Two | Enter number: The producer assigned number of the location. |
| VEHICLE DESCRIPTION / USE | Year | Enter year: The model year of the vehicle. |
| VEHICLE DESCRIPTION / USE | Make | Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). |
| VEHICLE DESCRIPTION / USE | Model | Enter text: The manufacturer's model name for the vehicle. |
| VEHICLE DESCRIPTION / USE | Body Type | Enter code: The body type of the vehicle. |
| VEHICLE DESCRIPTION / USE | VIN | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. |
| VEHICLE DESCRIPTION / USE | Registered State | Enter code: The state or province in which the vehicle is registered. |
| VEHICLE DESCRIPTION / USE | HP/CC | Enter number: The amount of horsepower or the number of cubic centimeters of displacement. |
| VEHICLE DESCRIPTION / USE | Date Leased | Enter text: The month and year the applicant leased the vehicle (MM/YYYY). |
| VEHICLE DESCRIPTION / USE | Date Purch | Enter text: The month and year the applicant acquired the vehicle (MM/YYYY). |
| VEHICLE DESCRIPTION / USE | New/Used | Enter code: A code indicating if the vehicle was purchased new or used. |
| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | Cost New | Enter amount: The original cost of the vehicle. |
| VEHICLE DESCRIPTION / USE | Symbol Age Grp | Enter code: The symbol required for physical damage coverage. |
| VEHICLE DESCRIPTION / USE | Comp / OTC Sym | Enter code: The symbol required for comprehensive / other than collision coverage. |
| VEHICLE DESCRIPTION / USE | Coll Sym | Enter code: The symbol required for collision coverage. |
| VEHICLE DESCRIPTION / USE | Terr | Enter code: The rating territory code where the vehicle is principally garaged. |

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| VEHICLE DESCRIPTION / USE | Miles 1 Way Wk/Schl | Enter number: The number of miles from the garage location to school or work. |
| VEHICLE DESCRIPTION / USE | # Days Week | Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station. |
| VEHICLE DESCRIPTION / USE | # Weeks/ Mo. | Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station. |
| VEHICLE DESCRIPTION / USE | Usage | Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm). |
| VEHICLE DESCRIPTION / USE | Perform | Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car). |
| VEHICLE DESCRIPTION / USE | Multi-Car | Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount. |
| VEHICLE DESCRIPTION / USE | Carpool | Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies. |
| VEHICLE DESCRIPTION / USE | Gar Code | Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street |
| VEHICLE DESCRIPTION / USE | Odometer Reading | Enter number: The odometer reading at the time the insurance policy is applied for. |
| VEHICLE DESCRIPTION / USE | Annual Mileage | Enter number: The total estimated annual mileage for the vehicle. |
| VEHICLE DESCRIPTION / USE | Govern Driver | Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes. |
| VEHICLE DESCRIPTION / USE | Driver Use % | Enter percentage: The percentage of time a particular driver uses the vehicle. |
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| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | 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 DESCRIPTION / USE | Passive Seat Belt | Enter code: The type of seat belts in the vehicle. |
| VEHICLE DESCRIPTION / USE | Air Bag Drv/Both | Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists. |
| VEHICLE DESCRIPTION / USE | Anti-Lock Brakes 2/4 | Enter code: The type of anti-lock brakes in the vehicle. |
| VEHICLE DESCRIPTION / USE | Anti-Theft Devices | Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle. |
| VEHICLE DESCRIPTION / USE | Credits and Surcharges | Enter text: A credit or surcharge represented as text. |
| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | Loc # Three | Enter number: The producer assigned number of the location. |
| VEHICLE DESCRIPTION / USE | Year | Enter year: The model year of the vehicle. |
| VEHICLE DESCRIPTION / USE | Make | Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). |
| VEHICLE DESCRIPTION / USE | Model | Enter text: The manufacturer's model name for the vehicle. |
| VEHICLE DESCRIPTION / USE | Body Type | Enter code: The body type of the vehicle. |

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| VEHICLE DESCRIPTION / USE | VIN | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. |
| VEHICLE DESCRIPTION / USE | Registered State | Enter code: The state or province in which the vehicle is registered. |
| VEHICLE DESCRIPTION / USE | HP/CC | Enter number: The amount of horsepower or the number of cubic centimeters of displacement. |
| VEHICLE DESCRIPTION / USE | Date Leased | Enter text: The month and year the applicant leased the vehicle (MM/YYYY). |
| VEHICLE DESCRIPTION / USE | Date Purch | Enter text: The month and year the applicant acquired the vehicle (MM/YYYY). |
| VEHICLE DESCRIPTION / USE | New/Used | Enter code: A code indicating if the vehicle was purchased new or used. |
| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | Cost New | Enter amount: The original cost of the vehicle. |
| VEHICLE DESCRIPTION / USE | Symbol Age Grp | Enter code: The symbol required for physical damage coverage. |
| VEHICLE DESCRIPTION / USE | Comp / OTC Sym | Enter code: The symbol required for comprehensive / other than collision coverage. |
| VEHICLE DESCRIPTION / USE | Coll Sym | Enter code: The symbol required for collision coverage. |
| VEHICLE DESCRIPTION / USE | Terr | Enter code: The rating territory code where the vehicle is principally garaged. |
| VEHICLE DESCRIPTION / USE | Miles 1 Way Wk/Schl | Enter number: The number of miles from the garage location to school or work. |
| VEHICLE DESCRIPTION / USE | # Days Week | Enter number: The number of days per week the vehicle is used to commute from the garage location to work or school including driving to and from a commuter lot or transit station. |
| VEHICLE DESCRIPTION / USE | # Weeks/ Mo. | Enter number: The number of weeks per month the vehicle is used to commute from the garage location to work or school. This includes driving to and from a commuter lot or transit station. |
| VEHICLE DESCRIPTION / USE | Usage | Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm). |
| VEHICLE DESCRIPTION / USE | Perform | Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car). |

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| VEHICLE DESCRIPTION / USE | Multi-Car | Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount. |
| VEHICLE DESCRIPTION / USE | Carpool | Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies. |
| VEHICLE DESCRIPTION / USE | Gar Code | Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street |
| VEHICLE DESCRIPTION / USE | Odometer Reading | Enter number: The odometer reading at the time the insurance policy is applied for. |
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| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | Loc # Four | Enter number: The producer assigned number of the location. |
| VEHICLE DESCRIPTION / USE | Year | Enter year: The model year of the vehicle. |
| VEHICLE DESCRIPTION / USE | Make | Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). |
| VEHICLE DESCRIPTION / USE | Model | Enter text: The manufacturer's model name for the vehicle. |
| VEHICLE DESCRIPTION / USE | Body Type | Enter code: The body type of the vehicle. |
| VEHICLE DESCRIPTION / USE | VIN | Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer. |
| VEHICLE DESCRIPTION / USE | Registered State | Enter code: The state or province in which the vehicle is registered. |
| VEHICLE DESCRIPTION / USE | HP/CC | Enter number: The amount of horsepower or the number of cubic centimeters of displacement. |
| VEHICLE DESCRIPTION / USE | Date Leased | Enter text: The month and year the applicant leased the vehicle (MM/YYYY). |
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| VEHICLE DESCRIPTION / USE | Usage | Enter code: The predominant use of the vehicle (e.g. P - Pleasure, B - Business, F - Farm). |
| VEHICLE DESCRIPTION / USE | Perform | Enter code: The performance level of the vehicle (i.e. B - Basic, H - High, I - Intermediate, P - Sport Premium, S - Sports car). |
| VEHICLE DESCRIPTION / USE | Multi-Car | Check the box (if applicable): Indicates if the vehicle is subject to consideration for multi-car discount. |
| VEHICLE DESCRIPTION / USE | Carpool | Enter Y for a "Yes" response. Input N for "No" response. Indicates if a carpool discount applies. |

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| VEHICLE DESCRIPTION / USE | Gar Code | Enter code: The garaging code of the vehicle (where the vehicle is parked at night). Select from the following options: A - Garaged at School B - Off street at school C - On street at school D - Driveway G - Garaged N - Not garaged (if other options do not apply) O - Off street P - Parking Lot R - Carport S - Street |
| VEHICLE DESCRIPTION / USE | Odometer Reading | Enter number: The odometer reading at the time the insurance policy is applied for. |
| VEHICLE DESCRIPTION / USE | Annual Mileage | Enter number: The total estimated annual mileage for the vehicle. |
| VEHICLE DESCRIPTION / USE | Govern Driver | Enter number: The producer assigned driver number of the driver assigned to the vehicle for rating purposes. |
| VEHICLE DESCRIPTION / USE | Driver Use % | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| VEHICLE DESCRIPTION / USE | Driver Use % | Enter percentage: The percentage of time a particular driver uses the vehicle. |
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| VEHICLE DESCRIPTION / USE | Driver Use % | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| VEHICLE DESCRIPTION / USE | Driver Use % | Enter percentage: The percentage of time a particular driver uses the vehicle. |
| VEHICLE DESCRIPTION / USE | Veh # | Enter number: The producer assigned vehicle number. |
| VEHICLE DESCRIPTION / USE | 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 DESCRIPTION / USE | Passive Seat Belt | Enter code: The type of seat belts in the vehicle. |

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| VEHICLE DESCRIPTION / USE | Air Bag Drv/Both | Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists. |
| VEHICLE DESCRIPTION / USE | Anti-Lock Brakes 2/4 | Enter code: The type of anti-lock brakes in the vehicle. |
| VEHICLE DESCRIPTION / USE | Anti-Theft Devices | Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicate there is an anti-theft device on the vehicle. |
| VEHICLE DESCRIPTION / USE | Credits and Surcharges | Enter text: A credit or surcharge represented as text. |
| COVERAGES / PREMIUMS | Vehicle Number One | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Vehicle Number Two | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Vehicle Number Three | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Vehicle Number Four | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Single Limit Liability Each Accident | 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 / PREMIUMS | Single Limit Liability Amount Vehicle One | Enter amount: The vehicle combined single limit liability premium amount. |
| COVERAGES / PREMIUMS | Single Limit Liability Amount Vehicle Two | Enter amount: The vehicle combined single limit liability premium amount. |
| COVERAGES / PREMIUMS | Single Limit Liability Amount Vehicle Three | Enter amount: The vehicle combined single limit liability premium amount. |
| COVERAGES / PREMIUMS | Single Limit Liability Amount Vehicle Four | Enter amount: The vehicle combined single limit liability premium amount. |
| COVERAGES / PREMIUMS | Bodily Injury Each Person | Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). |
| COVERAGES / PREMIUMS | Bodily Injury Each Accident | Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). |
| COVERAGES / PREMIUMS | Bodily Injury Amount Vehicle One | Enter amount: The vehicle policy, bodily injury premium amount. |
| COVERAGES / PREMIUMS | Bodily Injury Amount Vehicle Two | Enter amount: The vehicle policy, bodily injury premium amount. |
| COVERAGES / PREMIUMS | Bodily Injury Amount Vehicle Three | Enter amount: The vehicle policy, bodily injury premium amount. |

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| COVERAGES / PREMIUMS | Bodily Injury Amount Vehicle Four | Enter amount: The vehicle policy, bodily injury premium amount. |
| COVERAGES / PREMIUMS | Property Damage Each Accident | 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 / PREMIUMS | Property Damage Amount Vehicle One | Enter amount: The property damage premium amount. |
| COVERAGES / PREMIUMS | Property Damage Amount Vehicle Two | Enter amount: The property damage premium amount. |
| COVERAGES / PREMIUMS | Property Damage Amount Vehicle Three | Enter amount: The property damage premium amount. |
| COVERAGES / PREMIUMS | Property Damage Amount Vehicle Four | Enter amount: The property damage premium amount. |
| COVERAGES / PREMIUMS | Limited Property Damage Amount Vehicle One | Enter amount: The limited property damage liability premium amount. |
| COVERAGES / PREMIUMS | Limited Property Damage Amount Vehicle Two | Enter amount: The limited property damage liability premium amount. |
| COVERAGES / PREMIUMS | Limited Property Damage Amount Vehicle Three | Enter amount: The limited property damage liability premium amount. |
| COVERAGES / PREMIUMS | Limited Property Damage Amount Vehicle Four | Enter amount: The limited property damage liability premium amount. |
| COVERAGES / PREMIUMS | PIP Income Level 0-2,999 | Check the box (if applicable): Indicates the personal injury protection (PIP) income level is \$0 - \$2,999. |
| COVERAGES / PREMIUMS | PIP Income Level 3,000-5,999 | Check the box (if applicable): Indicates the personal injury protection (PIP) income level is \$3,000 - \$5,999. |
| COVERAGES / PREMIUMS | PIP Income Level 6,000-8,999 | Check the box (if applicable): Indicates the personal injury protection (PIP) income level is \$6,000 - \$8,999. |
| COVERAGES / PREMIUMS | PIP Income Level 9,000-14,999 | Check the box (if applicable): Indicates the personal injury protection (PIP) income level is \$9,000 - \$14,999. |
| COVERAGES / PREMIUMS | PIP Income Level 15,000-24,999 | Check the box (if applicable): Indicates the personal injury protection (PIP) income level is \$15,000 - \$24,999. |
| COVERAGES / PREMIUMS | PIP Income Level 25,000 and over | Check the box (if applicable): Indicates the personal injury protection (PIP) income level is \$25,000 or over. |
| COVERAGES / PREMIUMS | PIP Income Level Other | Check the box (if applicable): Indicates the personal injury protection (PIP) income level is an amount other than those listed. |

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| COVERAGES / PREMIUMS | PIP Income Level Other Description | Enter text: The description of the other personal injury protection (PIP) income level amount. |
| COVERAGES / PREMIUMS | PIP Deductible Amount | Enter deductible: The deductible amount for personal injury protection (PIP) coverage. |
| COVERAGES / PREMIUMS | PIP Coordination Work Loss | Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has been selected. |
| COVERAGES / PREMIUMS | PIP Coordination Medical Expense | Check the box (if applicable): Indicates the personal injury protection (PIP) coordination medical expense option has been selected. |
| COVERAGES / PREMIUMS | PIP Rejection Work Loss | Check the box (if applicable): Indicates the personal injury protection (PIP) work loss has been rejected. |
| COVERAGES / PREMIUMS | PIP Amount Vehicle One | Enter amount: The premium associated with personal injury protection (PIP) coverage. |
| COVERAGES / PREMIUMS | PIP Amount Vehicle Two | Enter amount: The premium associated with personal injury protection (PIP) coverage. |
| COVERAGES / PREMIUMS | PIP Amount Vehicle Three | Enter amount: The premium associated with personal injury protection (PIP) coverage. |
| COVERAGES / PREMIUMS | PIP Amount Vehicle Four | Enter amount: The premium associated with personal injury protection (PIP) coverage. |
| COVERAGES / PREMIUMS | Property Protection Amount Vehicle One | Enter amount: The property protection insurance premium amount. |
| COVERAGES / PREMIUMS | Property Protection Amount Vehicle Two | Enter amount: The property protection insurance premium amount. |
| COVERAGES / PREMIUMS | Property Protection Amount Vehicle Three | Enter amount: The property protection insurance premium amount. |
| COVERAGES / PREMIUMS | Property Protection Amount Vehicle Four | Enter amount: The property protection insurance premium amount. |
| COVERAGES / PREMIUMS | Uninsured Motorists CSL/BI Each Person | Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.) |
| COVERAGES / PREMIUMS | Uninsured Motorists CSL/BI Each Accident | Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state. |
| COVERAGES / PREMIUMS | Uninsured Motorists CSL/BI Amount Vehicle One | Enter amount: The uninsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES / PREMIUMS | Uninsured Motorists CSL/BI Amount Vehicle Two | Enter amount: The uninsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES / PREMIUMS | Uninsured Motorists CSL/BI Amount Vehicle Three | Enter amount: The uninsured motorists bodily injury or combined single limit premium amount. |

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| COVERAGES / PREMIUMS | Uninsured Motorists CSL/BI Amount Vehicle Four | Enter amount: The uninsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES / PREMIUMS | Underinsured Motorists CSL/BI Each Person | Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount. |
| COVERAGES / PREMIUMS | Underinsured Motorists CSL/BI Each Accident | Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state. |
| COVERAGES / PREMIUMS | Underinsured Motorists CSL/BI Amount Vehicle One | Enter amount: The underinsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES / PREMIUMS | Underinsured Motorists CSL/BI Amount Vehicle Two | Enter amount: The underinsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES / PREMIUMS | Underinsured Motorists CSL/BI Amount Vehicle Three | Enter amount: The underinsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES / PREMIUMS | Underinsured Motorists CSL/BI Amount Vehicle Four | Enter amount: The underinsured motorists bodily injury or combined single limit premium amount. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Vehicle Number One | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Amount One | Enter deductible: The comprehensive or other than collision deductible amount. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Vehicle Number Two | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Amount Two | Enter deductible: The comprehensive or other than collision deductible amount. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Vehicle Number Three | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Amount Three | Enter deductible: The comprehensive or other than collision deductible amount. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Vehicle Number Four | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Amount Four | Enter deductible: The comprehensive or other than collision deductible amount. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Amount Vehicle One | Enter amount: The comprehensive or other than collision premium amount. |

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| COVERAGES / PREMIUMS | Comprehensive / OTC Amount Vehicle Two | Enter amount: The comprehensive or other than collision premium amount. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Amount Vehicle Three | Enter amount: The comprehensive or other than collision premium amount. |
| COVERAGES / PREMIUMS | Comprehensive / OTC Amount Vehicle Four | Enter amount: The comprehensive or other than collision premium amount. |
| COVERAGES / PREMIUMS | Limited Collision Vehicle Number One | Enter number: The producer assigned vehicle number. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Vehicle Number One - No Deductible Checkbox | Check the box (if applicable): Indicates there is no deductible for collision coverage. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Amount One | Enter deductible: The collision deductible amount. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Vehicle Number Two | Enter number: The producer assigned vehicle number. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Vehicle Number Two - No Deductible Checkbox | Check the box (if applicable): Indicates there is no deductible for collision coverage. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Amount Two | Enter deductible: The collision deductible amount. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Vehicle Number Three | Enter number: The producer assigned vehicle number. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Vehicle Number Three - No Deductible Checkbox | Check the box (if applicable): Indicates there is no deductible for collision coverage. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Amount Three | Enter deductible: The collision deductible amount. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Vehicle Number Four | Enter number: The producer assigned vehicle number. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Vehicle Number Four - No Deductible Checkbox | Check the box (if applicable): Indicates there is no deductible for collision coverage. As used here, this applies to limited collision coverage. |
| COVERAGES / PREMIUMS | Limited Collision Amount Four | Enter deductible: The collision deductible amount. As used here, this applies to limited collision coverage. |

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| COVERAGES / PREMIUMS | Limited Collision Amount Vehicle One | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Limited Collision Amount Vehicle Two | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Limited Collision Amount Vehicle Three | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Limited Collision Amount Vehicle Four | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Collision Vehicle Number One | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Collision Amount One | Enter deductible: The collision deductible amount. |
| COVERAGES / PREMIUMS | Collision Vehicle Number Two | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Collision Amount Two | Enter deductible: The collision deductible amount. |
| COVERAGES / PREMIUMS | Collision Vehicle Number Three | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Collision Amount Three | Enter deductible: The collision deductible amount. |
| COVERAGES / PREMIUMS | Collision Vehicle Number Four | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Collision Amount Four | Enter deductible: The collision deductible amount. |
| COVERAGES / PREMIUMS | Collision Amount Vehicle One | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Collision Amount Vehicle Two | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Collision Amount Vehicle Three | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Collision Amount Vehicle Four | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Broadened Collision Vehicle Number One | Enter number: The producer assigned vehicle number. As used here, this applies to broadened collision coverage. |
| COVERAGES / PREMIUMS | Broadened Collision Amount One | Enter deductible: The collision deductible amount. As used here, this applies to broadened collision coverage. |

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| COVERAGES / PREMIUMS | Broadened Collision Vehicle Number Two | Enter number: The producer assigned vehicle number. As used here, this applies to broadened collision coverage. |
| COVERAGES / PREMIUMS | Broadened Collision Amount Two | Enter deductible: The collision deductible amount. As used here, this applies to broadened collision coverage. |
| COVERAGES / PREMIUMS | Broadened Collision Vehicle Number Three | Enter number: The producer assigned vehicle number. As used here, this applies to broadened collision coverage. |
| COVERAGES / PREMIUMS | Broadened Collision Amount Three | Enter deductible: The collision deductible amount. As used here, this applies to broadened collision coverage. |
| COVERAGES / PREMIUMS | Broadened Collision Vehicle Number Four | Enter number: The producer assigned vehicle number. As used here, this applies to broadened collision coverage. |
| COVERAGES / PREMIUMS | Broadened Collision Amount Four | Enter deductible: The collision deductible amount. As used here, this applies to broadened collision coverage. |
| COVERAGES / PREMIUMS | Broadened Collision Amount Vehicle One | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Broadened Collision Amount Vehicle Two | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Broadened Collision Amount Vehicle Three | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | Broadened Collision Amount Vehicle Four | Enter amount: The collision premium amount. |
| COVERAGES / PREMIUMS | ACV unless Amount Stated Vehicle Number One | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | ACV unless Amount Stated Amount One | Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here. |
| COVERAGES / PREMIUMS | ACV unless Amount Stated Vehicle Number Two | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | ACV unless Amount Stated Amount Two | Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here. |
| COVERAGES / PREMIUMS | ACV unless Amount Stated Vehicle Number Three | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | ACV unless Amount Stated Amount Three | Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here. |
| COVERAGES / PREMIUMS | ACV unless Amount Stated Vehicle Number Four | Enter number: The producer assigned vehicle number. |

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| COVERAGES / PREMIUMS | ACV unless Amount Stated Amount Four | Enter limit: The limit associated with comprehensive and collision coverage is the actual cash value of the vehicle, unless an amount is stated here. |
| COVERAGES / PREMIUMS | Towing & Labor Vehicle Number One | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Towing & Labor Amount One | Enter limit: The towing and labor limit amount. |
| COVERAGES / PREMIUMS | Towing & Labor Vehicle Number Two | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Towing & Labor Amount Two | Enter limit: The towing and labor limit amount. |
| COVERAGES / PREMIUMS | Towing & Labor Vehicle Number Three | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Towing & Labor Amount Three | Enter limit: The towing and labor limit amount. |
| COVERAGES / PREMIUMS | Towing & Labor Vehicle Number Four | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Towing & Labor Amount Four | Enter limit: The towing and labor limit amount. |
| COVERAGES / PREMIUMS | Towing & Labor Amount Vehicle One | Enter amount: The towing and labor premium amount. |
| COVERAGES / PREMIUMS | Towing & Labor Amount Vehicle Two | Enter amount: The towing and labor premium amount. |
| COVERAGES / PREMIUMS | Towing & Labor Amount Vehicle Three | Enter amount: The towing and labor premium amount. |
| COVERAGES / PREMIUMS | Towing & Labor Amount Vehicle Four | Enter amount: The towing and labor premium amount. |
| COVERAGES / PREMIUMS | Transportation Expenses And Rental Reimbursement Vehicle Number One | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Transportation Expense Per Day Limit One | Enter limit: The transportation expense or rental reimbursement per day limit amount. |
| COVERAGES / PREMIUMS | Transportation Expense Maximum Limit One | Enter limit: The transportation expense or rental reimbursement maximum limit amount. |

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| COVERAGES / PREMIUMS | Transportation Expenses And Rental Reimbursement Vehicle Number Two | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Transportation Expense Per Day Limit Two | Enter limit: The transportation expense or rental reimbursement per day limit amount. |
| COVERAGES / PREMIUMS | Transportation Expense Maximum Limit Two | Enter limit: The transportation expense or rental reimbursement maximum limit amount. |
| COVERAGES / PREMIUMS | Transportation Expenses And Rental Reimbursement Vehicle Number Three | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Transportation Expense Per Day Limit Three | Enter limit: The transportation expense or rental reimbursement per day limit amount. |
| COVERAGES / PREMIUMS | Transportation Expense Maximum Limit Three | Enter limit: The transportation expense or rental reimbursement maximum limit amount. |
| COVERAGES / PREMIUMS | Transportation Expenses And Rental Reimbursement Vehicle Number Four | Enter number: The producer assigned vehicle number. |
| COVERAGES / PREMIUMS | Transportation Expense Per Day Limit Four | Enter limit: The transportation expense or rental reimbursement per day limit amount. |
| COVERAGES / PREMIUMS | Transportation Expense Maximum Limit Four | Enter limit: The transportation expense or rental reimbursement maximum limit amount. |
| COVERAGES / PREMIUMS | Transportation Expenses And Rental Reimbursement Amount Vehicle One | Enter amount: The transportation expense or rental reimbursement premium amount. |
| COVERAGES / PREMIUMS | Transportation Expenses And Rental Reimbursement Amount Vehicle Two | Enter amount: The transportation expense or rental reimbursement premium amount. |
| COVERAGES / PREMIUMS | Transportation Expenses And Rental Reimbursement Amount Vehicle Three | Enter amount: The transportation expense or rental reimbursement premium amount. |
| COVERAGES / PREMIUMS | Transportation Expenses And Rental Reimbursement Amount Vehicle Four | Enter amount: The transportation expense or rental reimbursement premium amount. |
| COVERAGES / PREMIUMS | Coverage Code | Enter code: The coverage code of the other coverage or adjustment. |
| COVERAGES / PREMIUMS | Description | Enter text: The description of the coverage. |

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| COVERAGES / PREMIUMS | Limit | Enter limit: The limit amount of the other coverage. |
| COVERAGES / PREMIUMS | Limit Applies To | Enter code: The code indicating what the limit applies to (e.g. per accident, per person). |
| COVERAGES / PREMIUMS | Limit | Enter limit: The limit amount of the other coverage. |
| COVERAGES / PREMIUMS | Limit Applies To | Enter code: The code indicating what the limit applies to (e.g. per accident, per person). |
| COVERAGES / PREMIUMS | Deductible \$ | Enter deductible: The deductible amount of the coverage. |
| COVERAGES / PREMIUMS | Deductible % | Enter percentage: The deductible percentage for the coverage. |
| COVERAGES / PREMIUMS | Option 1 | Enter code: The option applicable to this coverage. |
| COVERAGES / PREMIUMS | Option 2 | Enter code: The option applicable to this coverage. |
| COVERAGES / PREMIUMS | Option 3 | Enter code: The option applicable to this coverage. |
| COVERAGES / PREMIUMS | Option 4 | Enter code: The option applicable to this coverage. |
| COVERAGES / PREMIUMS | Amount | Enter amount: The premium amount associated with the coverage. |
| COVERAGES / PREMIUMS | Amount | Enter amount: The premium amount associated with the coverage. |
| COVERAGES / PREMIUMS | Amount | Enter amount: The premium amount associated with the coverage. |
| COVERAGES / PREMIUMS | Amount | Enter amount: The premium amount associated with the coverage. |
| COVERAGES / PREMIUMS | Estimated Total | Enter amount: The estimated total cost amount of the policy. |
| COVERAGES / PREMIUMS | Premium Deposit | Enter amount: The amount of the premium received as a deposit. |
| COVERAGES / PREMIUMS | Policy Fee | Enter amount: The amount of fee associated with the policy. |
| COVERAGES / PREMIUMS | Total Per Vehicle | Enter amount: The total amount for the vehicle. |
| COVERAGES / PREMIUMS | Total Per Vehicle | Enter amount: The total amount for the vehicle. |
| COVERAGES / PREMIUMS | Total Per Vehicle | Enter amount: The total amount for the vehicle. |
| COVERAGES / PREMIUMS | Total Per Vehicle | Enter amount: The total amount for the vehicle. |

Form Page 2

| Section Name | Field Name | Description |
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| IDENTIFICATION SECTION | Agency Customer ID | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |

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| RESIDENT & DRIVER INFORMATION | First Name | Enter text: The driver's first name (given name). |
| RESIDENT & DRIVER INFORMATION | Middle Name | Enter text: The driver's middle name or initial (other given name). |
| RESIDENT & DRIVER INFORMATION | Last Name | Enter text: The driver's last name (surname). |
| RESIDENT & DRIVER INFORMATION | Sex | Enter code: The gender of the driver. |
| RESIDENT & DRIVER INFORMATION | Mar Stat | 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 / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other |
| RESIDENT & DRIVER INFORMATION | Relation to Applicant | 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. |
| RESIDENT & DRIVER INFORMATION | Date of Birth | Enter date: The birth date of the driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | Occupation | Enter text: The occupation of the driver. |
| RESIDENT & DRIVER INFORMATION | Date Lic | Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Stdt > 100 | Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address. |
| RESIDENT & DRIVER INFORMATION | Drv Train | Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit. |
| RESIDENT & DRIVER INFORMATION | Acc Prev Cse Date | Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Drivers License # | Enter identifier: The driver's license number. |
| RESIDENT & DRIVER INFORMATION | Licensed State | Enter code: The state in which the driver is licensed. |

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| RESIDENT & DRIVER INFORMATION | Social Security # | Enter identifier: The tax identifier (social security number) of the driver. |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | First Name | Enter text: The driver's first name (given name). |
| RESIDENT & DRIVER INFORMATION | Middle Name | Enter text: The driver's middle name or initial (other given name). |
| RESIDENT & DRIVER INFORMATION | Last Name | Enter text: The driver's last name (surname). |
| RESIDENT & DRIVER INFORMATION | Sex | Enter code: The gender of the driver. |
| RESIDENT & DRIVER INFORMATION | Mar Stat | 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 / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other |
| RESIDENT & DRIVER INFORMATION | Relation to Applicant | 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. |
| RESIDENT & DRIVER INFORMATION | Date of Birth | Enter date: The birth date of the driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | Occupation | Enter text: The occupation of the driver. |
| RESIDENT & DRIVER INFORMATION | Date Lic | Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Std > 100 | Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address. |
| RESIDENT & DRIVER INFORMATION | Drv Train | Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit. |
| RESIDENT & DRIVER INFORMATION | Acc Prev Cse Date | Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies. (MM/DD/YYYY) |

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| RESIDENT & DRIVER INFORMATION | Drivers License # | Enter identifier: The driver's license number. |
| RESIDENT & DRIVER INFORMATION | Licensed State | Enter code: The state in which the driver is licensed. |
| RESIDENT & DRIVER INFORMATION | Social Security # | Enter identifier: The tax identifier (social security number) of the driver. |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | First Name | Enter text: The driver's first name (given name). |
| RESIDENT & DRIVER INFORMATION | Middle Name | Enter text: The driver's middle name or initial (other given name). |
| RESIDENT & DRIVER INFORMATION | Last Name | Enter text: The driver's last name (surname). |
| RESIDENT & DRIVER INFORMATION | Sex | Enter code: The gender of the driver. |
| RESIDENT & DRIVER INFORMATION | Mar Stat | 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 / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other |
| RESIDENT & DRIVER INFORMATION | Relation to Applicant | 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. |
| RESIDENT & DRIVER INFORMATION | Date of Birth | Enter date: The birth date of the driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | Occupation | Enter text: The occupation of the driver. |
| RESIDENT & DRIVER INFORMATION | Date Lic | Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Stdt > 100 | Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address. |

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| RESIDENT & DRIVER INFORMATION | Drv Train | Enter Y for a “Yes” response. Input N for “No” response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit. |
| RESIDENT & DRIVER INFORMATION | Acc Prev Cse Date | Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Drivers License # | Enter identifier: The driver's license number. |
| RESIDENT & DRIVER INFORMATION | Licensed State | Enter code: The state in which the driver is licensed. |
| RESIDENT & DRIVER INFORMATION | Social Security # | Enter identifier: The tax identifier (social security number) of the driver. |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | First Name | Enter text: The driver's first name (given name). |
| RESIDENT & DRIVER INFORMATION | Middle Name | Enter text: The driver's middle name or initial (other given name). |
| RESIDENT & DRIVER INFORMATION | Last Name | Enter text: The driver's last name (surname). |
| RESIDENT & DRIVER INFORMATION | Sex | Enter code: The gender of the driver. |
| RESIDENT & DRIVER INFORMATION | Mar Stat | 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 / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other |
| RESIDENT & DRIVER INFORMATION | Relation to Applicant | 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. |
| RESIDENT & DRIVER INFORMATION | Date of Birth | Enter date: The birth date of the driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | Occupation | Enter text: The occupation of the driver. |

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| RESIDENT & DRIVER INFORMATION | Date Lic | Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Stdtd > 100 | Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address. |
| RESIDENT & DRIVER INFORMATION | Drv Train | Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit. |
| RESIDENT & DRIVER INFORMATION | Acc Prev Cse Date | Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Drivers License # | Enter identifier: The driver's license number. |
| RESIDENT & DRIVER INFORMATION | Licensed State | Enter code: The state in which the driver is licensed. |
| RESIDENT & DRIVER INFORMATION | Social Security # | Enter identifier: The tax identifier (social security number) of the driver. |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | First Name | Enter text: The driver's first name (given name). |
| RESIDENT & DRIVER INFORMATION | Middle Name | Enter text: The driver's middle name or initial (other given name). |
| RESIDENT & DRIVER INFORMATION | Last Name | Enter text: The driver's last name (surname). |
| RESIDENT & DRIVER INFORMATION | Sex | Enter code: The gender of the driver. |
| RESIDENT & DRIVER INFORMATION | Mar Stat | 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 / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other |
| RESIDENT & DRIVER INFORMATION | Relation to Applicant | 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. |
| RESIDENT & DRIVER INFORMATION | Date of Birth | Enter date: The birth date of the driver. (MM/DD/YYYY) |

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| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | Occupation | Enter text: The occupation of the driver. |
| RESIDENT & DRIVER INFORMATION | Date Lic | Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Stdtd > 100 | Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address. |
| RESIDENT & DRIVER INFORMATION | Drv Train | Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit. |
| RESIDENT & DRIVER INFORMATION | Acc Prev Cse Date | Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Drivers License # | Enter identifier: The driver's license number. |
| RESIDENT & DRIVER INFORMATION | Licensed State | Enter code: The state in which the driver is licensed. |
| RESIDENT & DRIVER INFORMATION | Social Security # | Enter identifier: The tax identifier (social security number) of the driver. |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | First Name | Enter text: The driver's first name (given name). |
| RESIDENT & DRIVER INFORMATION | Middle Name | Enter text: The driver's middle name or initial (other given name). |
| RESIDENT & DRIVER INFORMATION | Last Name | Enter text: The driver's last name (surname). |
| RESIDENT & DRIVER INFORMATION | Sex | Enter code: The gender of the driver. |
| RESIDENT & DRIVER INFORMATION | Mar Stat | 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 / Registered Domestic Partner, F- Fiancé / Fiancée, U - Unknown, O - Other |

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| RESIDENT & DRIVER INFORMATION | Relation to Applicant | 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. |
| RESIDENT & DRIVER INFORMATION | Date of Birth | Enter date: The birth date of the driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Number (#) | Enter number: The number assigned to the driver by the producer. |
| RESIDENT & DRIVER INFORMATION | Occupation | Enter text: The occupation of the driver. |
| RESIDENT & DRIVER INFORMATION | Date Lic | Enter date: The original date on which a driver's license was issued to this driver. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Stdt > 100 | Enter Y for a "Yes" response. Input N for "No" response. Indicate if the driver resides at a school over 100 road miles from the principal place of garaging. In the Remarks section, show name of institution and address. |
| RESIDENT & DRIVER INFORMATION | Drv Train | Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit. |
| RESIDENT & DRIVER INFORMATION | Acc Prev Cse Date | Enter date: The date on which the driver successfully completed an approved accident prevention or defensive driver course. Attach a Course Completion Certificate if the driver qualifies. (MM/DD/YYYY) |
| RESIDENT & DRIVER INFORMATION | Drivers License # | Enter identifier: The driver's license number. |
| RESIDENT & DRIVER INFORMATION | Licensed State | Enter code: The state in which the driver is licensed. |
| RESIDENT & DRIVER INFORMATION | Social Security # | Enter identifier: The tax identifier (social security number) of the driver. |
| ACCIDENTS / CONVICTIONS | Y / N | Enter Y for a "Yes" response. Input N for "No" response. Indicates if any driver has had an accident or been convicted of a moving violation in the mandated number of years. |
| ACCIDENTS / CONVICTIONS | Drv # | Enter number: The producer's driver number for the driver involved in the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Date of Accident / Conviction | Enter date: The date of the accident or conviction. (MM/DD/YYYY) |
| ACCIDENTS / CONVICTIONS | Description of Accident or Conviction | Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. |
| ACCIDENTS / CONVICTIONS | Place of Accident / Conviction | Enter text: The place of the accident or conviction. |

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| ACCIDENTS / CONVICTIONS | BI or Death Y / N | Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death. |
| ACCIDENTS / CONVICTIONS | Amount of Property Damage | Enter amount: The amount of property damage resulting from the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Drv # | Enter number: The producer's driver number for the driver involved in the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Date of Accident / Conviction | Enter date: The date of the accident or conviction. (MM/DD/YYYY) |
| ACCIDENTS / CONVICTIONS | Description of Accident or Conviction | Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. |
| ACCIDENTS / CONVICTIONS | Place of Accident / Conviction | Enter text: The place of the accident or conviction. |
| ACCIDENTS / CONVICTIONS | BI or Death Y / N | Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death. |
| ACCIDENTS / CONVICTIONS | Amount of Property Damage | Enter amount: The amount of property damage resulting from the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Drv # | Enter number: The producer's driver number for the driver involved in the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Date of Accident / Conviction | Enter date: The date of the accident or conviction. (MM/DD/YYYY) |
| ACCIDENTS / CONVICTIONS | Description of Accident or Conviction | Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. |
| ACCIDENTS / CONVICTIONS | Place of Accident / Conviction | Enter text: The place of the accident or conviction. |
| ACCIDENTS / CONVICTIONS | BI or Death Y / N | Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death. |
| ACCIDENTS / CONVICTIONS | Amount of Property Damage | Enter amount: The amount of property damage resulting from the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Drv # | Enter number: The producer's driver number for the driver involved in the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Date of Accident / Conviction | Enter date: The date of the accident or conviction. (MM/DD/YYYY) |
| ACCIDENTS / CONVICTIONS | Description of Accident or Conviction | Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. |
| ACCIDENTS / CONVICTIONS | Place of Accident / Conviction | Enter text: The place of the accident or conviction. |
| ACCIDENTS / CONVICTIONS | BI or Death Y / N | Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death. |

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| ACCIDENTS / CONVICTIONS | Amount of Property Damage | Enter amount: The amount of property damage resulting from the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Drv # | Enter number: The producer's driver number for the driver involved in the accident or conviction. |
| ACCIDENTS / CONVICTIONS | Date of Accident / Conviction | Enter date: The date of the accident or conviction. (MM/DD/YYYY) |
| ACCIDENTS / CONVICTIONS | Description of Accident or Conviction | Enter text: The description of the accident or conviction. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. |
| ACCIDENTS / CONVICTIONS | Place of Accident / Conviction | Enter text: The place of the accident or conviction. |
| ACCIDENTS / CONVICTIONS | BI or Death Y / N | Enter Y for a "Yes" response. Input N for "No" response. Indicates if the accident or conviction resulted in bodily injury or death. |
| ACCIDENTS / CONVICTIONS | Amount of Property Damage | Enter amount: The amount of property damage resulting from the accident or conviction. |
| ADDITIONAL INTEREST | Additional Insured One | Check the box (if applicable): Indicates the additional interest type is an additional insured. |
| ADDITIONAL INTEREST | Loss Payee One | Check the box (if applicable): Indicates the additional interest type is a loss payee. |
| ADDITIONAL INTEREST | Lender's Loss Payable One | Check the box (if applicable): Indicates the additional interest type is a lender's loss payable. |
| ADDITIONAL INTEREST | Other Additional Interest One | Check the box (if applicable): Indicates the additional interest is other than those listed. |
| ADDITIONAL INTEREST | Describe Other Additional Interest Two | Enter text: The description of the other type of additional interest. |
| ADDITIONAL INTEREST | Name and Address One | Enter text: The additional interest's full name. |
| ADDITIONAL INTEREST | | Enter text: The additional interest's mailing address line one. |
| ADDITIONAL INTEREST | | Enter text: The additional interest's mailing address city name. |
| ADDITIONAL INTEREST | | Enter code: The additional interest's mailing address state or province code. |
| ADDITIONAL INTEREST | | Enter code: The additional interest's mailing address postal code. |
| ADDITIONAL INTEREST | Veh # One | Enter number: The producer assigned number of the vehicle which has an additional interest. |
| ADDITIONAL INTEREST | Loan Number One | Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured. |
| ADDITIONAL INTEREST | Additional Insured Two | Check the box (if applicable): Indicates the additional interest type is an additional insured. |
| ADDITIONAL INTEREST | Loss Payee Two | Check the box (if applicable): Indicates the additional interest type is a loss payee. |
| ADDITIONAL INTEREST | Lender's Loss Payable Two | Check the box (if applicable): Indicates the additional interest type is a lender's loss payable. |

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| ADDITIONAL INTEREST | Other Additional Interest Two | Check the box (if applicable): Indicates the additional interest is other than those listed. |
| ADDITIONAL INTEREST | Describe Other Additional Interest Two | Enter text: The description of the other type of additional interest. |
| ADDITIONAL INTEREST | Name and Address Two | Enter text: The additional interest's full name. |
| ADDITIONAL INTEREST | | Enter text: The additional interest's mailing address line one. |
| ADDITIONAL INTEREST | | Enter text: The additional interest's mailing address city name. |
| ADDITIONAL INTEREST | | Enter code: The additional interest's mailing address state or province code. |
| ADDITIONAL INTEREST | | Enter code: The additional interest's mailing address postal code. |
| ADDITIONAL INTEREST | Veh # Two | Enter number: The producer assigned number of the vehicle which has an additional interest. |
| ADDITIONAL INTEREST | Loan Number Two | Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured. |
| EMPLOYMENT INFORMATION | Applicant's Employer | Enter text: The employer name (business name if self-employed). |
| EMPLOYMENT INFORMATION | Address of Employment | Enter text: The first address line of the employer's physical address. |
| EMPLOYMENT INFORMATION | | Enter text: The city of the employer's physical address. |
| EMPLOYMENT INFORMATION | | Enter code: The state code of the employer's physical address. |
| EMPLOYMENT INFORMATION | | Enter code: The postal code of the employer's physical address. |
| EMPLOYMENT INFORMATION | Work Phone Number | Enter number: The phone number of the employer. |
| EMPLOYMENT INFORMATION | Years With Current Employer | Enter number: The number of years the named insured has been with their current employer. |
| EMPLOYMENT INFORMATION | Years With Previous Employer | Enter number: The number of years the named insured has been with their previous employer. |
| EMPLOYMENT INFORMATION | Co-Applicant's Employer | Enter text: The employer name (business name if self-employed). |
| EMPLOYMENT INFORMATION | Address of Employment | Enter text: The first address line of the employer's physical address. |

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| EMPLOYMENT INFORMATION | | Enter text: The city of the employer's physical address. |
| EMPLOYMENT INFORMATION | | Enter code: The state code of the employer's physical address. |
| EMPLOYMENT INFORMATION | | Enter code: The postal code of the employer's physical address. |
| EMPLOYMENT INFORMATION | Work Phone Number | Enter number: The phone number of the employer. |
| EMPLOYMENT INFORMATION | Years With Current Employer | Enter number: The number of years the named insured has been with their current employer. |
| EMPLOYMENT INFORMATION | Years With Previous Employer | Enter number: The number of years the named insured has been with their previous employer. |
| PRIOR COVERAGE | Prior Carrier | Enter text: The name of the previous insurer. |
| PRIOR COVERAGE | # of Years With Company | Enter number: The number of years with the previous insurer. |
| PRIOR COVERAGE | Prior Producer | Enter text: The name of the previous producer. |
| PRIOR COVERAGE | Prior Policy Number | Enter identifier: The policy number of the previous coverage. |
| PRIOR COVERAGE | Expiration Date | Enter date: The expiration date of the previous coverage. |
| GENERAL INFORMATION | 1. With the exception of any encumbrances, are any vehicles for which insurance is requested not solely owned by and registered to the applicant? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "With the exception of any encumbrances, are any vehicles, for which insurance is requested not solely owned by and registered to the applicant?". |
| GENERAL INFORMATION | Veh # | Enter number: The producer assigned vehicle number. |
| GENERAL INFORMATION | Name of Other Owner | Enter text: The additional interest's full name. As used here, this is the name of the other owner of the vehicle. |
| GENERAL INFORMATION | Veh # | Enter number: The producer assigned vehicle number. |
| GENERAL INFORMATION | Name of Other Owner | Enter text: The additional interest's full name. As used here, this is the name of the other owner of the vehicle. |
| GENERAL INFORMATION | 2. Any car modified / special equipment? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any vehicles customized, altered or with special equipment?". |
| GENERAL INFORMATION | Veh # | Enter number: The producer assigned vehicle number. |

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| GENERAL INFORMATION | Description | Enter text: The description of modified or special equipment on the vehicle. |
| GENERAL INFORMATION | Cost | Enter amount: The cost of the modified or special equipment on the vehicle. |
| GENERAL INFORMATION | Veh # | Enter number: The producer assigned vehicle number. |
| GENERAL INFORMATION | Description | Enter text: The description of modified or special equipment on the vehicle. |
| GENERAL INFORMATION | Cost | Enter amount: The cost of the modified or special equipment on the vehicle. |
| GENERAL INFORMATION | 3. Any existing damage? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any existing damage to vehicle? (Include damaged glass)". |
| GENERAL INFORMATION | Veh # | Enter number: The producer assigned vehicle number. |
| GENERAL INFORMATION | Description | Enter text: The description of existing damage on the vehicle. |
| GENERAL INFORMATION | Veh # | Enter number: The producer assigned vehicle number. |
| GENERAL INFORMATION | Description | Enter text: The description of existing damage on the vehicle. |
| GENERAL INFORMATION | 4. Any other losses not shown in the Accidents / Convictions section that were incurred during the time period specified in that section? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any losses not shown in the Accidents / Convictions section that were incurred during the time period specified in that section?". |
| GENERAL INFORMATION | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION | Description | Enter text: The description of any other losses incurred. |
| GENERAL INFORMATION | Cost | Enter amount: The cost of any other losses incurred. |
| GENERAL INFORMATION | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION | Description | Enter text: The description of any other losses incurred. |
| GENERAL INFORMATION | Cost | Enter amount: The cost of any other losses incurred. |
| GENERAL INFORMATION | 5. Any other automobile insurance? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any other auto insurance in household? (Include any provided by employer)". |
| GENERAL INFORMATION | Name Insured | Enter text: The named insured on other insurance. |
| GENERAL INFORMATION | Year | Enter year: The model year of the vehicle. As used here, this is a vehicle covered by other insurance. |
| GENERAL INFORMATION | Make | Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy). As used here, this is a vehicle covered by other insurance. |

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| GENERAL INFORMATION | Model | Enter text: The manufacturer's model name for the vehicle. As used here, this is a vehicle covered by other insurance. |
| GENERAL INFORMATION | Carrier | Enter text: The insurer name on any other applicable insurance. |
| GENERAL INFORMATION | NAIC # | Enter code: The NAIC code of the insurance company that issued the policy. |
| GENERAL INFORMATION | Policy # | Enter identifier: The policy number of any other applicable insurance. |

Form Page 3

| Section Name | Field Name | Description |
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| IDENTIFICATION SECTION | Agency Customer ID | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |
| GENERAL INFORMATION (continued) | 6. Any other insurance with this company? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any other insurance with this company?". |
| GENERAL INFORMATION (continued) | Policy Number One | Enter identifier: The policy number of any other applicable insurance. |
| GENERAL INFORMATION (continued) | Type of Insurance One | Enter code: The line of business of the other policy. |
| GENERAL INFORMATION (continued) | Policy Number Two | Enter identifier: The policy number of any other applicable insurance. |
| GENERAL INFORMATION (continued) | Type of Insurance Two | Enter code: The line of business of the other policy. |
| GENERAL INFORMATION (continued) | 7. Any household member in military service? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any household member in military service?". |
| GENERAL INFORMATION (continued) | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION (continued) | Branch | Enter text: The branch of military service. |
| GENERAL INFORMATION (continued) | Rank | Enter text: The driver's rank in the military. |
| GENERAL INFORMATION (continued) | Base Location | Enter text: The military base's first address line. |
| GENERAL INFORMATION (continued) | | Enter text: The city of the military base. |

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| GENERAL INFORMATION (continued) | | Enter code: The state or province code of the military base. |
| GENERAL INFORMATION (continued) | | Enter code: The postal code of the military base. |
| GENERAL INFORMATION (continued) | | Enter code: The country code of the military base. |
| GENERAL INFORMATION (continued) | Veh at Base (Y / N) | Enter Y for a "Yes" response. Input N for "No" response. Indicates if the driver has a vehicle at a military base. |
| GENERAL INFORMATION (continued) | 8. Any license suspended / revoked? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any drivers license been suspended/revoked?". |
| GENERAL INFORMATION (continued) | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION (continued) | Suspension Period - Start Date: | Enter date: The date the driver's license suspension became effective. |
| GENERAL INFORMATION (continued) | Suspension Period - End Date: | Enter date: The date the driver's license suspension is scheduled to end. |
| GENERAL INFORMATION (continued) | Explanation | Enter text: The reason the driver's license was suspended or revoked. |
| GENERAL INFORMATION (continued) | Reinstatement Date | Enter date: The date a suspended or revoked driver's license was reinstated. |
| GENERAL INFORMATION (continued) | 9. Any driver have physical impairment that would affect the ability to drive? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any driver have a physical impairment that would affect the ability to drive?". |
| GENERAL INFORMATION (continued) | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION (continued) | Description of Special Equipment in Vehicle | Enter text: The description of any special equipment. |
| GENERAL INFORMATION (continued) | 10. Any driver undergoing a course of medical treatment for a physical / mental impairment that would affect the ability to drive? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any driver undergoing a course of medical treatment for a physical or mental impairment that would affect the ability to drive?". |
| GENERAL INFORMATION (continued) | Drv # | Enter number: The number assigned to the driver by the producer. |

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| GENERAL INFORMATION (continued) | Explanation | Enter text: The description of any course of medical treatment for a driver with a physical or mental impairment. |
| GENERAL INFORMATION (continued) | 11. Any financial responsibility filing? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any financial responsibility filing?". |
| GENERAL INFORMATION (continued) | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION (continued) | Reason for Filing | Enter text: The description of why a financial responsibility filing is required. |
| GENERAL INFORMATION (continued) | Filing Date | Enter date: The date on which the financial responsibility filing was originally required. |
| GENERAL INFORMATION (continued) | 12. Has insurance been transferred within agency? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has insurance been transferred within agency?". |
| GENERAL INFORMATION (continued) | Explanation | Enter text: An explanation of insurance transferred within the agency. |
| GENERAL INFORMATION (continued) | 13. Any coverage declined, cancelled or non-renewed during the last three (3) years? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years?". |
| GENERAL INFORMATION (continued) | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION (continued) | Reason declined, cancelled, or non-renewed | Enter text: The description of the reason for coverage being declined, cancelled or non-renewed within the last mandated number of years. |
| GENERAL INFORMATION (continued) | 14. Is this brokered business to the agent? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Is this brokered business to the agent?". |
| GENERAL INFORMATION (continued) | Explanation | Enter text: An explanation of brokered business to the agent. |
| GENERAL INFORMATION (continued) | 15. Has Agent Inspected Vehicle? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Has agent inspected vehicle?". |
| GENERAL INFORMATION (continued) | Explanation | Enter text: An explanation indicating if agent has inspected vehicle. |
| GENERAL INFORMATION (continued) | 16. Has any applicant or driver had a foreclosure, repossession, bankruptcy, judgement or lien during the last five (5) years? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question "Has any applicant or driver had a foreclosure, repossession, bankruptcy, judgment or lien during the last specified number of years?". |

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| GENERAL INFORMATION (continued) | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION (continued) | Explanation | Enter text: An explanation of any applicant or driver who has had a foreclosure, repossession, bankruptcy, judgment or lien during the last mandated number of years. |
| GENERAL INFORMATION (continued) | 17. Has any named insured driven without liability insurance during any part of the last six (6) months? | Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any named insured driven without liability insurance during any part of the last six (6) months?". |
| GENERAL INFORMATION (continued) | Drv # | Enter number: The number assigned to the driver by the producer. |
| GENERAL INFORMATION (continued) | Explanation | Enter text: The explanation of why the driver has driven without liability insurance during any part of the last six (6) months. |
| REMARKS / ATTACHMENTS | Driver Training Certificate | Check the box (if applicable): Indicates if an attachment will follow containing a driver training certificate. |
| REMARKS / ATTACHMENTS | Anti-Theft Device Certificate | Check the box (if applicable): Indicates if an attachment will follow containing an anti-theft device certificate. |
| REMARKS / ATTACHMENTS | Motor Vehicle Report | Check the box (if applicable): Indicates if an attachment will follow containing a motor vehicle report. |
| REMARKS / ATTACHMENTS | Photograph | Check the box (if applicable): Indicates if an attachment will follow containing a photograph. |
| REMARKS / ATTACHMENTS | Bill of Sale | Check the box (if applicable): Indicates if an attachment will follow containing a bill of sale. |
| REMARKS / ATTACHMENTS | Other | Check the box (if applicable): Indicates there are attachments other than those listed. |
| REMARKS / ATTACHMENTS | Other Description | Enter text: The description of the attachment. |
| REMARKS / ATTACHMENTS | Other | Check the box (if applicable): Indicates there are attachments other than those listed. |
| REMARKS / ATTACHMENTS | Other Description | Enter text: The description of the attachment. |
| REMARKS / ATTACHMENTS | Remarks | Enter text: The personal vehicle line of business remarks. |

Form Page 4

| Section Name | Field Name | Description |
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| IDENTIFICATION SECTION | Agency Customer ID | Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage). |
| REMARKS | Remarks | Enter text: The personal vehicle line of business remarks. |

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| BINDER / SIGNATURE | Effective Date | Enter date: The date on which the terms and conditions of the binder commenced. This date normally coincides with the effective date of the policy or of an endorsement to the policy. |
| BINDER / SIGNATURE | Time | Enter time: The time of day on the effective date in which the terms and conditions of the binder will commence. |
| BINDER / SIGNATURE | Expiration Date | Enter date: The date on which the terms and conditions of the policy will or have expired. Certain state laws limit the terms of a binder, so this date may not coincide with the policy expiration date. |
| BINDER / SIGNATURE | 12:01 | Check the box (if applicable): Indicates the binder expires at 12:01 AM on the expiration date. |
| BINDER / SIGNATURE | Noon | Check the box (if applicable): Indicates the binder expires at 12:00 noon on the expiration date. |
| BINDER / SIGNATURE | Coverage Not Bound | Check the box (if applicable): Indicates the coverage has not been bound. |
| BINDER / SIGNATURE | Rejection Work Loss - DRV # One | Enter number: The number assigned to the driver by the producer. As used here, the driver number of the individual waiving work loss benefits as provided under Personal Injury Protection coverage. |
| BINDER / SIGNATURE | Print Name Rejection Work Loss One | Enter text: The named insured(s) as it / they will appear on the policy declarations page. |
| BINDER / SIGNATURE | Signature Rejection Work Loss One | Sign here: Accommodates the signature of the applicant or named insured. |
| BINDER / SIGNATURE | Date | Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY) |
| BINDER / SIGNATURE | Rejection Work Loss - DRV # Two | Enter number: The number assigned to the driver by the producer. As used here, the driver number of the individual waiving work loss benefits as provided under Personal Injury Protection coverage. |
| BINDER / SIGNATURE | Print Name Rejection Work Loss Two | Enter text: The named insured(s) as it / they will appear on the policy declarations page. |
| BINDER / SIGNATURE | Signature Rejection Work Loss Two | Sign here: Accommodates the signature of the applicant or named insured. |
| BINDER / SIGNATURE | Date | Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY) |
| BINDER / SIGNATURE | Rejection Work Loss - DRV # Three | Enter number: The number assigned to the driver by the producer. As used here, the driver number of the individual waiving work loss benefits as provided under Personal Injury Protection coverage. |
| BINDER / SIGNATURE | Print Name Rejection Work Loss Three | Enter text: The named insured(s) as it / they will appear on the policy declarations page. |
| BINDER / SIGNATURE | Signature Rejection Work Loss Three | Sign here: Accommodates the signature of the applicant or named insured. |

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| BINDER / SIGNATURE | Date | Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY) |
| BINDER / SIGNATURE | Applicant's Signature | Sign here: Accommodates the signature of the applicant or named insured. |
| BINDER / SIGNATURE | Date | Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY) |
| BINDER / SIGNATURE | Producer's Signature | Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states. |
| BINDER / SIGNATURE | National Producer Number | 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. |