ILLINOIS PERSONAL AUTO APPLICATION SECTION

AGENCY CUSTOMER ID: ____________________________

DATE (MM/DD/YYYY) ____________________________

AGENCY ____________________________

POLICY NUMBER ____________________________

CARRIER ____________________________

NAIC CODE ____________________________

GARAGING ADDRESS (from ACORD 88)

LOC ____________________________ STREET ____________________________

CITY ____________________________ COUNTY ____________________________

STATE ____________________________ ZIP + 4 ____________________________

VEHICLE DESCRIPTION / USE

TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH | LOC | YEAR | MAKE | MODEL | BODY TYPE | VIN | REG | STATE | HP/CC | DATE LEASED | DATE PURCHASE | NEW / USED |
--- | ---- | ---- | ---- | ----- | -------- | ---- | ---- | ------ | ----- | ----------- | ------------ | -------- |

VEH COST NEW | SYMBOL | AGE GRP | OTC SYM | COLL | SYM | TERR | MILE 1 WAY | MILEAGE | # DAYS | MONTH | USAGE | PER- FORM | MULTI-C | CAR | POOL | GAS | CODE | ODOMETER READING | ANNUAL MILEAGE | DRIVER | USE % (Each veh must equal 100%)

VEH CLASS | PASSIVE SEAT BELT | AIRBAG DRY/BOTH | ANTI-LOCK BRAKES 2/4 | ANTI-THEFT DEVICES | CREDITS AND SURCHARGES | VEH CLASS | PASSIVE SEAT BELT | AIRBAG DRY/BOTH | ANTI-LOCK BRAKES 2/4 | ANTI-THEFT DEVICES | CREDITS AND SURCHARGES

COVERAGES / PREMIUMS

COVERAGES | LIMITS OF LIABILITY | VEHICLE # | VEHICLE # | VEHICLE # | VEHICLE # |
--- | --- | --- | --- | --- | --- |
SINGLE LIMIT LIABILITY (CSL) | $ | $ | $ | $ | $ |
BODILY INJURY LIABILITY | $ | $ | $ | $ | $ |
PROPERTY DAMAGE LIABILITY | $ | $ | $ | $ | $ |
MEDICAL PAYMENTS | $ | $ | $ | $ | $ |
UNINSURED MOTORISTS | CSL $ | $ | $ | $ | $ |
BI $ | $ | $ | $ | $ |
PD $ | $ | $ | $ | $ |
UNDERINSURED MOTORISTS | CSL $ | $ | $ | $ | $ |
BI $ | $ | $ | $ | $ |
COMPREHENSIVE / OTC DED | $ | $ | $ | $ | $ |
COLLISION DED | $ | $ | $ | $ | $ |
ACV UNLESS AMOUNT STATED | $ | $ | $ | N/A | N/A |
TOWING & LABOR | $ | $ | $ | $ | $ |
TRANS EXP / RENTAL RE | $ | $ | $ | $ | $ |

CODE | DESCRIPTION | LIMIT | LIMIT APPLIES TO | DEDUCTIBLE | OPTIONS |
--- | --- | --- | --- | --- | --- |
$ | $ | % | $ | $ |
$ | $ | % | $ | $ |
$ | $ | % | $ | $ |
$ | $ | % | $ | $ |
$ | $ | % | $ | $ |
$ | $ | % | $ | $ |
$ | $ | % | $ | $ |
$ | $ | % | $ | $ |

ESTIMATED TOTAL: $ ____________________________

POLICY FEE: $ ____________________________

TOTAL PER VEHICLE $ ____________________________

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### RESIDENT & DRIVER INFORMATION

[List all residents & dependents (licensed or not) and regular operators]

<table>
<thead>
<tr>
<th>#</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
<th>SEX</th>
<th>ID#</th>
<th>REL TO APPLICANT</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### ACCIDENTS / CONVICTIONS

(Note: Your driving record is verified with the state motor vehicle department and other insurers)

Attach ACORD 99, Accidents / Convictions Schedule, if more space is required.

Has any driver shown above had an accident, regardless of fault, or been convicted of a moving violation within the last years? Y / N

If yes, indicate below, also include comprehensive insurance losses.

#### GENERAL INFORMATION

**EXPLAIN ALL "YES" RESPONSES**

1. With the exception of any encumbrances, are any vehicles for which insurance is requested not solely owned by and registered to the applicant?

<table>
<thead>
<tr>
<th>VEH #</th>
<th>NAME OF OTHER OWNER</th>
<th>VEH #</th>
<th>NAME OF OTHER OWNER</th>
</tr>
</thead>
</table>

2. Any car modified / special equipment? (Include customized vans / pickups)

<table>
<thead>
<tr>
<th>VEH #</th>
<th>DESCRIPTION</th>
<th>COST</th>
<th>VEH #</th>
<th>DESCRIPTION</th>
<th>COST</th>
</tr>
</thead>
</table>

3. Any existing damage to vehicle? (Include damaged glass)

<table>
<thead>
<tr>
<th>VEH #</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>

4. Any other losses not shown in the accidents / convictions section that were incurred during the time period specified in that section?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>DESCRIPTION</th>
<th>COST</th>
</tr>
</thead>
</table>

5. Any other auto insurance in household? (Include any provided by employer)

<table>
<thead>
<tr>
<th>NAMED INSURED</th>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>CARRIER</th>
<th>NAIC #</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
</table>

6. Any household member in military service?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>BRANCH</th>
<th>RANK</th>
<th>BASE LOCATION</th>
<th>VEH AT BASE (Y / N)</th>
</tr>
</thead>
</table>

7. Any drivers license been suspended / revoked?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>SUSPENSION PERIOD</th>
<th>EXPLANATION</th>
<th>REINSTATEMENT DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date:</td>
<td>End Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Any driver have a physical impairment?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE</th>
</tr>
</thead>
</table>

9. Any driver undergoing a course of medical treatment for a physical / mental impairment?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>EXPLANATION</th>
</tr>
</thead>
</table>

10. Any financial responsibility filing?

    | DRV # | REASON FOR FILING | FILING DATE |
    |-------|-------------------|-------------|
GENERAL INFORMATION (continued)

EXPLAIN ALL “YES” RESPONSES

<table>
<thead>
<tr>
<th>Y / N</th>
<th>11. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DRV #</td>
</tr>
</tbody>
</table>

12. IS THIS BROKERED BUSINESS TO THE AGENT?

13. HAS AGENT INSPECTED VEHICLE?

14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>EXPLANATION</th>
</tr>
</thead>
</table>

15. WAS PREVIOUS INSURANCE PROVIDED BY ASSIGNED RISK? (Give reason)

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<table>
<thead>
<tr>
<th>STATE SUPPLEMENT</th>
<th>GOOD STUDENT CERTIFICATE</th>
<th>MOTOR VEHICLE REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUNG DRIVER QUESTIONNAIRE</td>
<td>ANTI-THEFT DEVICE CERTIFICATE</td>
<td>PHOTOGRAPH</td>
</tr>
<tr>
<td>DRIVER TRAINING CERTIFICATE</td>
<td>MEDICAL STATEMENT</td>
<td>BILL OF SALE</td>
</tr>
</tbody>
</table>

SIGNATURE

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT’S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

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

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED/UNDERINSURED (UM/UIM) MOTORISTS BODILY INJURY (BI) COVERAGE UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE, AND UM PROPERTY DAMAGE COVERAGE AS APPLICABLE. I HAVE SELECTED THE LIMITS INDICATED HERE AND IN THE STATE SUPPLEMENT, ACORD 61 IL.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT’S SIGNATURE DATE PRODUCER’S SIGNATURE NATIONAL PRODUCER NUMBER

ACORD 290 IL (2012/03)