## KANSAS PERSONAL AUTO APPLICATION SECTION

### VEHICLE DESCRIPTION / USE

<table>
<thead>
<tr>
<th>VEH LOC</th>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>BODY TYPE</th>
<th>VIN</th>
<th>HES STATE</th>
<th>HP/CC</th>
<th>DATE LEASED</th>
<th>DATE PURCH</th>
<th>NEW USED</th>
</tr>
</thead>
</table>

### COVERAGES / PREMIUMS

**COVERAGES**

- SINGLE LIMIT LIABILITY (CSL)
- BODILY INJURY LIABILITY
- PROPERTY DAMAGE LIABILITY
- PERSONAL INJURY PROTECTION
- ADDL PERSONAL INJ PROTECTION
- MEDICAL PAYMENTS
- UNINSURED MOTORISTS
- COMPREHENSIVE / OTC DED
- COLLISION DED
- ACV UNLESS AMOUNT STATED
- TOWING & LABOR
- TRANS EXP / RENTAL RE

**LIMITS OF LIABILITY**

- EA ACCIDENT
- EA PERSON
- DEDUCTIBLE
- OPTION 1
- OPTION 2

**VEH #**

<table>
<thead>
<tr>
<th>VEHICLE #</th>
<th>VEHICLE #</th>
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<th>VEHICLE #</th>
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</thead>
</table>

**CODE**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>LIMIT</th>
<th>LIMIT APPLIES TO</th>
<th>DEDUCTIBLE</th>
<th>OPTIONS</th>
</tr>
</thead>
</table>

**ESTIMATED TOTAL:** $  
**POLICY FEE:** $  
**TOTAL PER VEHICLE:** $
***EXPLANATION***

**DRV #**

**DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE**

**DRV #**

**Begin Date:**

**End Date:**

---

**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 THREE (3) YEARS?**

**Y / N** IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.

**IMPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:**

1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or

2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.

**DRV #**

**DATE OF ACCIDENT / CONVICTION**

**DESCRIPTION OF ACCIDENT OR CONVICTION**

**PLACE OF ACCIDENT / CONVICTION**

**AMOUNT OF PROPERTY DAMAGE**

---

**GENERAL INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

**Y / N**

1. **WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?**

   **VEH # NAME OF OTHER OWNER**

   **VEH # NAME OF OTHER OWNER**

2. **ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)**

   **VEH # DESCRIPTION**

   **COST $**

   **VEH # DESCRIPTION**

   **COST $**

3. **ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)**

   **VEH # DESCRIPTION**

   **VEH # DESCRIPTION**

4. **ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?**

   **DRV # DESCRIPTION**

   **COST $**

   **DRV # DESCRIPTION**

   **COST $**

5. **ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)**

   **NAME INSURED**

   **YEAR**

   **MAKE**

   **MODEL**

   **CARRIER**

   **NAIC #**

   **POLICY NUMBER**

6. **ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?**

   **DRV # BRANCH**

   **RANK**

   **BASE LOCATION**

   **VEH AT BASE (Y / N)**

7. **ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED DURING THE LAST THREE (3) YEARS?**

   **DRV # SUSPENSION PERIOD**

   **EXPLANATION**

   **START DATE:**

   **END DATE:**

   **REINSTATEMENT DATE**

8. **ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?**

   **DRV # DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE**

9. **ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?**

   **DRV # EXPLANATION**
### General Information (continued)

<table>
<thead>
<tr>
<th>Reason for Filing</th>
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<tbody>
<tr>
<td>DRV #</td>
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</table>

<table>
<thead>
<tr>
<th>Any Financial Responsibility Filing?</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Any Coverage Declined, Cancelled, or Non-Renewed During the Last Three (3) Years?</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Is This Brokered Business to the Agent?</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Has Agent Inspected Vehicle?</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Has Any Named Insured Driven Without Liability Insurance During Any Part of the Last Six (6) Months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRV #</td>
</tr>
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</table>

### 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>

### Binder / Signature

**INSURANCE BINDER**

**EFFECTIVE DATE**

**EXPIRATION DATE**

**TIME**

12:01 AM

NOON

**COVERAGE IS NOT BOUND**

This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective.

This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicant’s Statement:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true. (In the case of automobile liability insurance, I understand that liability limits sufficient to meet the financial responsibility requirements of the state may be available through the Kansas Automobile Insurance Plan. The foregoing statement is not applicable when the policy is issued through the Kansas Automobile Insurance Plan.)

**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 I have been offered the options of selecting uninsured motorists (UM) coverage equal to the limit(s) of my bodily injury (BI) liability coverage, or UM coverage less than my BI limits, but not less than $25,000 per person, $50,000 per accident, or $50,000 combined single limit. If I have selected limits lower than my BI limits, I have initialed this statement.

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.

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