## NEW HAMPSHIRE PERSONAL AUTO APPLICATION SECTION

### Agency Information
- **Agency:***
- **Policy Number:***
- **Effective Date:***
- **Carrier:***
- **Naic Code:***

### Garaging Address (from ACORD 88)
- **Loc:**
- **Street:**
- **City:**
- **State:**
- **Zip + 4:**

### Vehicle Description / Use

<table>
<thead>
<tr>
<th>Veh</th>
<th>Loc</th>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Body Type</th>
<th>Vin</th>
<th>Dec</th>
<th>Hpd</th>
<th>Cp</th>
<th>Ded</th>
<th>Dwd</th>
<th>Tds</th>
<th>Emile</th>
<th>Annual Mileage</th>
<th>Gover</th>
<th>Driver Use %</th>
</tr>
</thead>
</table>

### Veh Class
- **Passive Seat Belt:**
- **Airbag D/v/BOTH:**
- **Anti-lock Brakes 2 / 4:**
- **Anti-Theft Devices:**
- **Credits and Surcharges:**

### Coversages / Premiums

<table>
<thead>
<tr>
<th>Coversages / Premiums</th>
<th>Limits of Liability</th>
<th>Vehicle #</th>
<th>Vehicle #</th>
<th>Vehicle #</th>
<th>Vehicle #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Limit Liability (CSL)</td>
<td>$ EA Accident</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Bodily Injury Liability</td>
<td>$ EA Person</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Property Damage Liability</td>
<td>$ EA Accident</td>
<td>$ Deductible</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$ EA Person</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Uninsured Motorists</td>
<td>CSL</td>
<td>$ EA Accident</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>BI</td>
<td>$ EA Person</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>PD</td>
<td>$ EA Accident</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Comprehensive / OTC</td>
<td>DED</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Collision</td>
<td>DED</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>ACV Unless Amount Stated</td>
<td>$</td>
<td>$</td>
<td>$ N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Towing &amp; Labor</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trans Exp / Rental Re</td>
<td>$ /</td>
<td>$ /</td>
<td>$ /</td>
<td>$ /</td>
<td>$ /</td>
</tr>
</tbody>
</table>

### Code Description
- **Limit:**
- **Limit Applies To:**
- **Deductible Options:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Limit</th>
<th>Limit Applies To</th>
<th>Deductible</th>
<th>Options</th>
</tr>
</thead>
</table>

### Estimated Total
- **Estimated Total:**

### Policy Fee
- **Policy Fee:**

### Total Per Vehicle
- **Total Per Vehicle:**

---

**ACORD 290 NH (2010/06)**

© 2010 ACORD CORPORATION. All rights reserved.

Attach to ACORD 88

The ACORD name and logo are registered marks of ACORD

ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977
### Resident & Driver Information

<table>
<thead>
<tr>
<th>#</th>
<th>Name (as it appears on license)</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Occupation</th>
<th>Date Lic</th>
<th>SID1</th>
<th>SID2</th>
<th>Good Drv</th>
<th>STGT</th>
<th>ACC Prev CSE Date</th>
<th>Drivers License #</th>
<th>Lic State</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<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

<table>
<thead>
<tr>
<th>#</th>
<th>Accident / Conviction</th>
<th>Description of Accident or Conviction</th>
<th>Place of Accident / Conviction</th>
<th>Date of Accident / Conviction</th>
<th>Property Damage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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?

   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 |

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

   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 |

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

   Named Insured | Year | Make | Model | Carrier | NAIC # | Policy # |

6. Any household member in military service?

   Drv # | Branch | Rank | Base Location | Veh at Base (Y / N) |

7. Any drivers license been suspended / revoked?

   Drv # | Suspension Period | Start Date: | End Date: | Explanation | Reinstatement Date |

8. Any driver have a physical impairment?

   Drv # | Description of Special Equipment in Vehicle |

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

   Drv # | Explanation |

10. Any financial responsibility filing?

    Drv # | Reason for Filing | Filing Date |

---

ACORD 290 NH (2010/06)  Page 2 of 4
I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMIT(S) SHOWN IN THIS APPLICATION.

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

APPLICANT'S SIGNATURE

DATE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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 UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE UM LIMIT(S) SHOWN IN THIS APPLICATION.

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.
STATEMENT OF RESIDENCY INCLUDING APPLICABLE EXEMPTIONS

(a) A resident is a person who maintains his or her true, fixed and permanent residence within the State of New Hampshire, does not claim residency in any other state for any purpose and who has, through all of his or her actions, demonstrated a current intent to designate that the permanent residence is his or her principal place of physical presence for the indefinite future to the exclusion of all others; or

(b) A resident is a person who has previously met the conditions of (a) above and who now maintains a permanent residence in New Hampshire for the entire year and has actually spent more than 183 days in New Hampshire during the previous calendar year; or

(c) A resident is a person who is without a permanent street address due to homelessness, or, a person who is temporarily without a permanent street address due to traveling outside of the state of New Hampshire in a recreational vehicle for a period not to exceed 2 years, and who has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c.

(d) Exemption from residency may be claimed if:
   (1) The motor vehicle to be insured is garaged exclusively in New Hampshire; or
   (2) The individual is on active duty in the military service of the United States and claims New Hampshire as their legal state of residence; or
   (3) The individual is on active duty in the military service of the United States, currently stationed in New Hampshire, and all vehicles to be insured on this policy are currently garaged in New Hampshire.

(e) I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, or if I claim for myself or any named insured to be entitled to exemption hereunder, I am subject to prosecution, imprisonment of up to one year, a fine of $2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying.

(f) I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed in (d) above if I fail to do so.

(g) I/we, the applicant(s), has/have read the above and understand the penalties that may apply if I/we falsely claim to be a New Hampshire resident, or if we claim to be entitled to exemption hereunder.

CHECK ONE:

☐ I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire as defined in (a) and (b) above and that I maintain a permanent residence located at:

______________________________ Street Address ______________________________ , New Hampshire

______________________________ City / Town ______________________________

or that I, and each named insured, has met and can demonstrate the requirements of RSA 261:52-b or RSA 261:52-c as defined in (c) above.

☐ I hereby claim that I am, and each named insured is entitled to exemption hereunder pursuant to (d) above.

Signed at:

______________________________ City / Town ______________________________

______________________________ County ______________________________

______________________________ State ______________________________

______________________________ Signature ______________________________

Date (MM/DD/YYYY) ______________________________

______________________________ Signature ______________________________

Date (MM/DD/YYYY) ______________________________