# GEORGIA PERSONAL AUTO APPLICATION

**Agency**

**Applicant's Name and Mailing Address** (Include county & ZIP+4)

**Telephone Number**

**Current Residence is**  

**Rented**

**Previous Street Address (If less than 3 years)**

**Residence**

**Eligibility**

**Vehicle Description / Use**

**Total Number of Vehicles in Household**

**Vehicle Cost New**

**Vehicle Description**

**Coverages / Premiums**

**Estimated Total**

---

**ACORD 90 GA (2015/12)**

© 1981-2015 ACORD CORPORATION. All rights reserved.

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>Mar</th>
<th>Stat</th>
<th>Age</th>
<th>Date Of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Interest**

<table>
<thead>
<tr>
<th>Veh #</th>
<th>Name And Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employment Information**

<table>
<thead>
<tr>
<th>Applicant's Employer (State Nature Of Business If Self-Employed)</th>
<th>Address Of Employment</th>
<th>Work Phone Number</th>
<th>Years W/ Curr Empl</th>
<th>Years W/ Prev Empl</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-Applicant's Employer (State Nature Of Business If Self-Employed)</th>
<th>Address Of Employment</th>
<th>Work Phone Number</th>
<th>Years W/ Curr Empl</th>
<th>Years W/ Prev Empl</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prior Coverage**

<table>
<thead>
<tr>
<th>Veh #</th>
<th>Name Of Other Owner</th>
<th>Veh #</th>
<th>Name Of Other Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prior Producer**

<table>
<thead>
<tr>
<th>Veh #</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<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
   - 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)**
   - Named Insured
   - Year
   - Make
   - Model
   - Carrier
   - Naic #
   - Policy Number

---

**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.

<table>
<thead>
<tr>
<th>Accident / Conviction</th>
<th>Place Of Occurrence</th>
<th>Description Of Accident Or Conviction</th>
<th>Amount Of Loss</th>
<th>Property Damage</th>
</tr>
</thead>
<tbody>
<tr>
<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
   - 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)**
   - Named Insured
   - Year
   - Make
   - Model
   - Carrier
   - Naic #
   - Policy Number
### GENERAL INFORMATION (continued)

**EXPLAIN ALL “YES” RESPONSES**

| Y / N |
| --- | --- | --- |
| | | |

6. ANY OTHER INSURANCE WITH THIS COMPANY?

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>TYPE OF INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. 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></td>
<td>Start Date:</td>
<td>End Date:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

11. ANY FINANCIAL RESPONSIBILITY FILING?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>REASON FOR FILING</th>
<th>FILING DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>REASON DECLINED, CANCELLED, OR NON-RENEWED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. IS THIS BROKERED BUSINESS TO THE AGENT?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. HAS AGENT INSPECTED VEHICLE?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

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

17. 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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YOUNG DRIVER QUESTIONNAIRE</th>
<th>ANTI-THEFT DEVICE CERTIFICATE</th>
<th>PHOTOGRAPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVER TRAINING CERTIFICATE</td>
<td>MEDICAL STATEMENT</td>
<td>BILL OF SALE</td>
</tr>
<tr>
<td>GOOD STUDENT CERTIFICATE</td>
<td>MOTOR VEHICLE REPORT</td>
<td></td>
</tr>
</tbody>
</table>
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID:

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.

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

- COVERED IS NOT BOUND
- NOON
- 12:01 AM

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.

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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 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.

I UNDERSTAND AND ACKNOWLEDGE THAT TRADITIONAL (REDUCED) UNINSURED MOTORIST COVERAGE AND NEW (ADDED ON) UNINSURED MOTORIST COVERAGE HAVE BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION.

UNLESS I AM MAKING AN ADVANCE PAYMENT OF THE FIRST SIXTY DAYS OF COVERAGE, I DECLARE THAT THIS POLICY IS A CONTINUATION OF A POLICY, AND THAT THERE HAS BEEN NO LAPSE IN COVERAGE TO ANY AUTOMOBILE DESCRIBED 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.
TRADITIONAL AND NEW UNINSURED MOTORIST COVERAGE
MANDATORY OFFER AND EXPLANATION

Georgia insurance law requires that we offer and explain to you Traditional Uninsured Motorist Coverage and if applicable, New Uninsured Motorist Coverage. Below is a brief description of each coverage option. Only the policy provides a complete description of coverage(s) and limitation(s). You have the right to select a specific coverage or reject all uninsured motorist coverage(s) in writing.

Traditional Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who either has no liability protection and is legally responsible for the injuries or damages, or does not have enough protection to pay the full amount that the injured person is legally entitled to recover as damages.

New Uninsured Motorist Coverage a/k/a Uninsured Motorist Coverage-Added on At-Fault Liability Limits pays for the same bodily injury and property damage losses as Traditional Uninsured Motorist Coverage, however; it provides additional protection that will pay for your damages in addition to the At-Fault driver's Liability Coverage Limits up to your New Uninsured Motorist Coverage Limits. This new coverage is only available on private passenger vehicles.

You have the right to purchase Traditional Uninsured Motorist Coverage or New Uninsured Motorist Coverage, if applicable, with limits up to the liability limits of your policy. Your selection of coverage options are listed below:

________________________
I accept Traditional Uninsured Motorist Coverage
(initials)

________________________
I accept New Uninsured Motorist Coverage
(initials)

________________________
I reject ALL Uninsured Motorist Coverage
(initials)

I acknowledge that I read and understand my Traditional Uninsured Motorist and/or New Uninsured Motorist Coverage options.

________________________     _________________
Applicant’s Signature       Date
Example of New Uninsured Motorist Coverage and Traditional Uninsured Motorist Coverage Claim Payment Calculation

An underinsured driver fails to stop at a red light, hits your car and causes you to have $175,000 in damages. The at-fault underinsured driver (At-Fault's) has $50,000 of Liability Coverage. Your policy contains $100,000 of Uninsured Motorist Coverage.

NEW UNINSURED MOTORIST COVERAGE (IF APPLICABLE)
(This coverage is also referred to as Uninsured Motorist-Added on to At-Fault Liability Limits)

At-Fault's Liability Coverage Limit $50,000
Your New Uninsured Motorist Coverage Limit $100,000
Total Amount of Your Damages $175,000

Payment Break Out:

At-Fault's Liability Coverage = $ 50,000
Your New Uninsured Motorist Coverage = $ 100,000
Total Payment = $ 150,000
Amount Not Covered = $ 25,000 (a)

The maximum available coverage in this example was $150,000 (At-Fault's Liability Coverage Limit + Your New Uninsured Motorist Coverage Limit).
(a) Please notice that $25,000 of the loss was not covered.

TRADITIONAL UNINSURED MOTORIST COVERAGE (IF APPLICABLE)
(This coverage is comparable to your current coverage. The coverage is also referred to as Uninsured Motorist Coverage-Reduced by At-Fault Liability Limits)

At-Fault's Liability Coverage Limit $50,000
Your Traditional Uninsured Motorist Coverage Limit $100,000
Total Amount of Your Damages $175,000

Payment Break Out:

At-Fault's Liability Coverage = $ 50,000
Your Available Traditional Uninsured Motorist Coverage = $ 50,000 (a)
Total Payment = $ 100,000
Amount Not Covered = $ 75,000 (b)

(a) The $50,000 amount shown here is determined by subtracting the At-Fault's Liability Coverage Limit from Your Traditional Uninsured Motorist Coverage Limit. The total available Traditional Uninsured Motorist Coverage you have in this example is $50,000.

(b) Please notice that $75,000 of the loss was not covered.