

ACORD™ WASHINGTON PERSONAL AUTO APPLICATION																					DATE															
PRODUCER CODE: SUBCODE: AGENCY CUSTOMER ID										APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)																										
										NAIC CODE																										
										TELEPHONE NUMBER																										
										CO/PLAN							POL#:																			
										ACCT#:																										
EFFECTIVE DATE					EXPIRATION DATE					DIRECT BILL AGENCY BILL			MAIL POLICY TO AGENT MAIL POLICY TO APPL			PAYMENT PLAN																				
RESIDENCE										CURRENT RESIDENCE IS			OWNED		RENTED		GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)																			
YRS AT ADDR CURR		ADDR PREV		PREVIOUS ADDRESS (If less than 3 years)										VEH #																						
VEHICLE DESCRIPTION/USE																					TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:															
VEH		YEAR		MAKE, MODEL AND BODY TYPE										VIN/REGISTERED STATE										HP/CC		DATE LEASED		DATE PURCH		NEW/USED						
VEH		COST NEW		SYMBOL AGE GRP		TERR		MILE 1 WAY WK/SCHL		# DAYS WEEK		# WKS MONTH		USAGE		PER-FORM		MULTI-CAR		CAR POOL		GAR-AGED		ODOMETER READING		ANNUAL MILEAGE		GOVERN DRIVER		DRIVER USE % (Each veh must equal 100%)					CLASS	
VEH		PASSIVE SEAT BELT		AIRBAG DRV/BOTH		ANTI-LOCK BRAKES 2/4		ANTI-THEFT DEVICES				CREDITS AND SURCHARGES				VEH		PASSIVE SEAT BELT		AIRBAG DRV/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)				\$		EA ACCIDENT										\$		\$		\$		\$														
BODILY INJURY LIABILITY				\$		EA PERSON \$ EA ACCIDENT										\$		\$		\$		\$														
PROPERTY DAMAGE LIABILITY				\$		EA ACCIDENT \$ DEDUCTIBLE										\$		\$		\$		\$														
PERSONAL INJURY PROTECTION				\$		MEDICAL EXP \$ SERVICE LOSS										\$		\$		\$		\$														
				\$		INCOME CONTINUATION \$ FUNERAL EXP										\$		\$		\$		\$														
ADDL PERSONAL INJ PROTECTION				\$												\$		\$		\$		\$														
MEDICAL PAYMENTS				\$		EA PERSON										\$		\$		\$		\$														
UNDERINSURED MOTORISTS				\$		EA ACCIDENT										\$		\$		\$		\$														
				BI SINGLE																																
				\$		EA PERSON \$ EA ACCIDENT																														
UNDERINSURED MOTORISTS PD				\$		EA ACCIDENT \$ DEDUCTIBLE										\$		\$		\$		\$														
COMPREHENSIVE DED				\$												\$		\$		\$		\$														
COLLISION DED				\$												\$		\$		\$		\$														
ACV UNLESS AMOUNT STATED				\$												\$		\$		\$		\$														
TOWING & LABOR				\$												\$		\$		\$		\$														
TRANS EXP/RENTAL RE				\$ /		\$ /										\$ /		\$ /		\$		\$														
AUTO LOAN				\$												\$		\$		\$		\$														
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)										POLICY FEE: \$					TOTAL PER VEHICLE		\$		\$		\$		\$													
																	ESTIMATED TOTAL		DEPOSIT		BALANCE DUE															
																	\$		\$		\$															
RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]																																				
#		NAME (AS IT APPEARS ON LICENSE)				SEX		MAR STAT		REL TO APPLIC		DATE OF BIRTH		OCC		DATE LIC		STDT >100		GOOD STDT		DRV TRAIN		ACC PREV CSE DATE		DRIVERS LICENSE #/LIC STATE				SOCIAL SECURITY #						
ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)																																				
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?										YES		NO		IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.																						
DRV #		DATE OF ACCIDENT/CONVICTION				DESCRIPTION OF ACCIDENT OR CONVICTION										PLACE OF ACCIDENT/CONVICTION				BI OR DEATH YES NO		AMOUNT OF PROPERTY DAMAGE														

ACORD 90 WA (2000/08)

PLEASE COMPLETE REVERSE SIDE

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ADDITIONAL INTEREST

VEH #		ADDL INT	NAME AND ADDRESS	LOAN NUMBER
		LOSS PAY		
VEH #		ADDL INT	NAME AND ADDRESS	LOAN NUMBER
		LOSS PAY		

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL*	YEARS W/ PREV EMPL

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		
			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
5. ANY CAR KEPT AT SCHOOL?			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
6. ANY CAR PARKED ON STREET?					
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			15. IS THIS BROKERED BUSINESS TO THE AGENT?		
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			16. HAS AGENT INSPECTED VEHICLE?		

REMARKS**ATTACHMENTS**

		MEDICAL STATEMENT		YOUNG DRIVER QUESTIONNAIRE
		MOTOR VEHICLE REPORT		DRIVER TRAINING CERTIFICATE
		PHOTOGRAPH		GOOD STUDENT CERTIFICATE
		BILL OF SALE		ANTI-THEFT DEVICE CERTIFICATE
FOR COMPANY USE ONLY				

BINDER/SIGNATURE

INSURANCE BINDER		IF COVERAGE IS NOT BOUND, COVERAGE WILL COMMENCE UPON ACCEPTANCE OF THE COMPANY.	
EFFECTIVE DATE	EXPIRATION DATE	IF COVERAGE IS BOUND, THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INS IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM	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.	
	NOON		
COVERAGE IS NOT BOUND			
NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION 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 THAT 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?	
UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.			
1. I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS) 3. I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS) 2. I HAVE SELECTED UIM LIMITS LOWER THAN MY BI AND PD COVERAGE _____ (INITIALS) 4. I HAVE REJECTED UIM PD COVERAGE _____ (INITIALS)			
I UNDERSTAND THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN OFFERED TO ME. IF NO LIMITS ARE ENTERED ON THE APPLICATION, I HAVE REJECTED THIS COVERAGE.			
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