PERSONAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	NAMED INSURED(S)	
CONTACT NAME:		
PHONE (A/C, No, Ext):		
FAX (A/C, No):	POLICY NUMBER	
E-MAIL ADDRESS:		
CODE: SUBCODE:	PLAN / FACILITY CODE / EFFECTIVE DATE / EXPIRATION DATE	
AGENCY CUSTOMER ID:		

STATUS OF TRANSACTION

☐ NEW ☐ RENEW — POLICY CHANGE EFFECTIVE DATE — TIME ☐ AM ☐ PM

☐ POLICY CHANGE

INDICATE SECTIONS ATTACHED

* Neither PERSONAL AUTO nor HOMEOWNERS coverage can be combined with any other line of insurance in many states. Consult with your company underwriter.

☐ PERSONAL AUTO * ☐ RESIDENTIAL * ☐ PERSONAL UMBRELLA ☐ PERSONAL INLAND MARINE ☐ WATERCRAFT

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last)	APPLICANT'S MAILING ADDRESS
DATE OF BIRTH / SOCIAL SECURITY # / MARITAL STATUS * / CIVIL UNION (if applicable)	
* This field may not be utilized for policyholders applying for residential property insurance in CA.	PRIMARY E-MAIL ADDRESS:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL — SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY E-MAIL ADDRESS:
PREVIOUS ADDRESS — YEARS AT PREVIOUS ADDRESS (if less than three years): _____	CURRENT RESIDENCE ☐ Check if same as mailing address ☐ OWNED ☐ RENTED
	DATE AT CURRENT RESIDENCE:
APPLICANT'S EMPLOYER NAME AND ADDRESS — YRS WITH CURRENT EMPLOYER: _____	APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)
	YEARS IN CURRENT OCCUPATION: / YEARS WITH PREVIOUS EMPLOYER:

CO-APPLICANT'S NAME (First, Middle, Last)	CO-APPLICANT'S ADDRESS ☐ Check if same as Applicant
DATE OF BIRTH / SOCIAL SECURITY # / MARITAL STATUS * / CIVIL UNION (if applicable)	
* This field may not be utilized for policyholders applying for residential property insurance in CA.	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL — SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY E-MAIL ADDRESS:
	SECONDARY E-MAIL ADDRESS:
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS — YRS WITH CURRENT EMPLOYER: _____	CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)
	YEARS IN CURRENT OCCUPATION: / YEARS WITH PREVIOUS EMPLOYER:

LOCATION SCHEDULE / GARAGING LOCATION

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE ☐ NO PRIOR COVERAGE

LINE OF BUSINESS	PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	BI OR CSL LIMIT(S) IF APPLICABLE PER PERSON	PER ACCIDENT
				$	$
				$	$

LOSS HISTORY

ANY LOSSES (except for applications for auto insurance), WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? Y / N ☐ IF YES, INDICATE BELOW — APPLICANT'S INITIALS:

LINE OF BUSINESS	LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
					$		
					$		
					$		

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AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? NOT APPLICABLE FOR APPLICATIONS FOR AUTO INSURANCE. **(Missouri Applicants - Do not answer this question)**	
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)	

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

YEAR	MAKE	MODEL	BODY TYPE

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:

DEPOSIT AMOUNT: $

EST TOTAL PREMIUM: $

BILLING
- ☐ DIRECT BILL - POLICY
- ☐ DIRECT BILL - ACCT
- ☐ AGENCY BILL

PAYMENT PLAN
- ☐ FULL PAY
- ☐ ANNUAL
- ☐ SEMI-ANNUAL
- ☐ QUARTERLY
- ☐ BI-MONTHLY
- ☐ MONTHLY

PAYMENT METHOD
- ☐ CASH
- ☐ CHECK
- ☐ CREDIT CARD
- ☐ EFT
- ☐ PAYROLL DEDUCTION
- ☐ PRE-AUTHORIZED DRAFT / CHECK (PAC)

MAIL POLICY TO:
- ☐ AGENT
- ☐ INSURED
- ☐

PAYOR
☐ INSURED ☐ MORTGAGEE ☐

PREMIUM FINANCED ?
☐ Y / N

FINANCE COMPANY

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST
- ☐ ADDITIONAL INSURED
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ MORTGAGEE
- ☐ TRUSTEE

NAME AND ADDRESS | **RANK:** | **EVIDENCE:** ☐ **CERTIFICATE** ☐ **SEND BILL**

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: | **BUILDING:**

VEHICLE: | **BOAT:**

ITEM CLASS: | **ITEM:**

ITEM DESCRIPTION

INTEREST
- ☐ ADDITIONAL INSURED
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ MORTGAGEE
- ☐ TRUSTEE

NAME AND ADDRESS | **RANK:** | **EVIDENCE:** ☐ **CERTIFICATE** ☐ **SEND BILL**

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER

LOCATION: | **BUILDING:**

VEHICLE: | **BOAT:**

ITEM CLASS: | **ITEM:**

ITEM DESCRIPTION

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

☐	FLOOD EXCLUSION NOTICE	☐	PHOTOGRAPH	☐	REPLACEMENT COST ESTIMATE	☐	STATE SUPPLEMENT(S) (If applicable)
☐	LEAD FREE PAINT CERTIFICATION	☐	PROTECTION DEVICE CERTIFICATE	☐	RESIDENCE BASED BUSINESS SUPP	☐	WINDSTORM LOSS MITIGATION
☐	MOBILE HOME SUPPLEMENT	☐	RECREATIONAL VEHICLE APP	☐	SOLID FUEL SUPPLEMENT	☐	

AGENCY CUSTOMER ID: _____

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

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

NOTICE OF 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 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. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

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 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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER