



NEW YORK PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	TAX TERR	
	FAX (A/C, No.):			TELEPHONE NUMBER		
CODE:	SUBCODE:	CO/PLAN	POL#:			
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	MAIL POLICY TO AGENT MAIL POLICY TO APPL	PAYMENT PLAN

RESIDENCE	CURRENT RESIDENCE IS	OWNED	RENTED	GARAGING ADDRESS IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT CURR	ADDR CURR	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	REG TO DRV #	HP/CC	DATE LEASED	DATE PURCH	NEW/USED	
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	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		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										\$	\$	\$	\$		
SUPPLEMENTAL SPOUSAL LIABILITY		INCLUDED		NOT INCLUDED										\$	\$	\$	\$
PERSONAL INJURY PROTECTION	\$	\$										DEDUCTIBLE	\$	\$	\$	\$	
WORK LOSS COORDINATION		YES		NO										\$	\$	\$	\$
MED EXP ELIMINATION		NAMED INSURED ONLY					NAMED INSURED AND RELATIVES					\$	\$	\$	\$		
ADDITIONAL PERSONAL INJURY PROTECTION	\$	\$	WORK LOSS	\$	OTHER EXP	\$	DEATH BEN	\$	\$	\$	\$	\$	\$	\$	\$		
OBEL	\$	\$										\$	\$	\$	\$		
MEDICAL PAYMENTS	\$	EA PERSON										\$	\$	\$	\$		
STATUTORY UM	BI	\$	EA PERSON					\$					EA ACCIDENT	\$	\$	\$	\$
SUPPLEMENTARY UM/UIM (SUM)	\$	EA PERSON										\$	\$	\$	\$		
COMPREHENSIVE / OTC	DED	\$	F	G	\$	F	G	\$	F	G	\$	F	G	\$	\$	\$	\$
COLLISION	DED	\$	F	G	\$	F	G	\$	F	G	\$	F	G	\$	\$	\$	\$
ACV UNLESS AMOUNT STATED	\$	\$										\$	\$	\$	\$		
TOWING & LABOR	\$	\$										\$	\$	\$	\$		
TRANS EXP/RENTAL RE	\$	/	\$	/	\$	/	\$	/	\$	/	\$	/	\$	\$	\$	\$	
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium) * Motor Vehicle Law Enforcement Fee as required by New York law will be added to the premium for each vehicle												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 and other insurers.)														
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 39 MONTHS?														
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION								YES	NO	IF YES, INDICATE BELOW, ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.		
												PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE

ADDITIONAL INTEREST

VEH #	ADDL INT	LIENHOLDER	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY	REGISTRANT		
	OWNER			
VEH #	ADDL INT	LIENHOLDER	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY	REGISTRANT		
	OWNER			

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	ASSIGNED RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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? IF YES, (List vehicle number(s) and name(s) as it appears on registration.)			8. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Incl customized vans/pickups; indicate cost)			9. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)		
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			10. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			11. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			12. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		
6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			13. IS THIS BROKERED BUSINESS TO THE AGENT?		
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)			14. HAS AGENT INSPECTED VEHICLE?		
			15. ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? IF YES, PROVIDE NAME OF PLAN AND PERSONS COVERED IN REMARKS.		

REMARKS

ATTACHMENTS

	<input checked="" type="checkbox"/>	STATE SUPPLEMENT	MEDICAL STATEMENT
	<input type="checkbox"/>	YOUNG DRIVER QUESTIONNAIRE	MOTOR VEHICLE REPORT
	<input type="checkbox"/>	DRIVER TRAINING CERTIFICATE	PHOTOGRAPH
	<input type="checkbox"/>	GOOD STUDENT CERTIFICATE	BILL OF SALE
	<input type="checkbox"/>	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.
	NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT 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. 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.

COPY OF ACORD 38 NY, NOTICE OF INSURANCE INFORMATION PRACTICES HAS BEEN GIVEN TO THE APPLICANT.

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?

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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