

ADDITIONAL VEHICLE COVERAGES (including NO FAULT)

* #	VEH	CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS
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DRIVER INFORMATION

* #	NAME (AS IT APPEARS ON LICENSE)					SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME						
#	OCCUPATION	DATE LIC	STD >100	GOOD STD	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

ACCIDENTS / CONVICTIONS- IF DRIVER ADDED (Note: Your driving record is verified with the state motor vehicle department & other insurers)

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.

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE

GENERAL INFORMATION (Explain all "YES" responses)

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 8. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 8

Q #	QUESTION	Y / N												
1.	WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?													
	<table border="1"> <tr> <td>VEH #</td> <td>NAME OF OTHER OWNER</td> <td>VEH #</td> <td>NAME OF OTHER OWNER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER									
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2.	ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans/pickups)													
	<table border="1"> <tr> <td>VEH #</td> <td>DESCRIPTION</td> <td>COST \$</td> <td>VEH #</td> <td>DESCRIPTION</td> <td>COST \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION	COST \$							
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3.	ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)													
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4.	ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?													
	<table border="1"> <tr> <td>DRV #</td> <td>BRANCH</td> <td>RANK</td> <td>BASE LOCATION</td> <td>VEH AT BASE (Y / N)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)								
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5.	ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?													
	<table border="1"> <tr> <td>DRV #</td> <td>SUSPENSION PERIOD</td> <td>EXPLANATION</td> <td>REINSTATEMENT DATE</td> </tr> <tr> <td></td> <td>Start Date: End Date:</td> <td></td> <td></td> </tr> </table>	DRV #	SUSPENSION PERIOD	EXPLANATION	REINSTATEMENT DATE		Start Date: End Date:							
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	Start Date: End Date:													
6.	ANY DRIVER HAVE PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in WI)													
	<table border="1"> <tr> <td>DRV #</td> <td>DESCRIPTION OF SPECIAL EQUIPMENT</td> <td>MEDICATION / TREATMENT</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	DRV #	DESCRIPTION OF SPECIAL EQUIPMENT	MEDICATION / TREATMENT										
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GENERAL INFORMATION (continued) (Explain all "YES" responses)

IF A VEHICLE IS BEING ADDED, ANSWER QUESTIONS 1- 3 and 8. IF A DRIVER IS BEING ADDED, ANSWER QUESTIONS 4- 8			Y / N
7. ANY FINANCIAL RESPONSIBILITY FILING?			
DRV #	REASON FOR FILING	FILING DATE	
8. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)			
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED		

ADDITIONAL INTEREST			ADD	CHANGE	DELETE
INTEREST	NAME AND ADDRESS RANK: _____	INTEREST IN ITEM NUMBER			
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	REFERENCE / LOAN #:	VEHICLE:	LOCATION:		

ADDITIONAL INTEREST			ADD	CHANGE	DELETE
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REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER