



AGENCY CUSTOMER ID: _____

NEW YORK PERSONAL AUTO APPLICATION SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)			
POLICY NUMBER		EFFECTIVE DATE	CARRIER		NAIC CODE

GARAGING ADDRESS (from ACORD 88)

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4	TAX TERR

VEHICLE DESCRIPTION / USE TOTAL NUMBER OF VEHICLES IN HOUSEHOLD: _____

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	REG TO DRV #	HP/CC	DATE LEASED	DATE PURCH	NEW/USED

VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY 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%)

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	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			\$	\$	\$	\$	
SUPPLEMENTAL SPOUSAL LIABILITY		INCLUDED		NOT INCLUDED	\$	\$	\$	\$	
PERSONAL INJURY PROTECTION	\$	\$ DEDUCTIBLE			\$	\$	\$	\$	
WORK LOSS COORDINATION		Y / N							
MED EXP ELIMINATION		NAMED INSURED ONLY		NAMED INSURED AND RELATIVES	\$	\$	\$	\$	
ADDITIONAL PERSONAL INJURY PROTECTION	\$	WORK LOSS	\$	OTHER EXP					\$
OBEL	\$				\$	\$	\$	\$	
MEDICAL PAYMENTS	\$	EA PERSON			\$	\$	\$	\$	
STATUTORY UM	BI	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	
SUPPLEMENTARY UM/UIM (SUM)	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$	
COMPREHENSIVE / OTC	DED	\$	F	G	\$	F	G	\$	
COLLISION	DED	\$	F	G	\$	F	G	\$	
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	N/A	N/A	N/A	N/A	
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	
TRANS EXP / RENTAL RE	\$ /	\$ /	\$ /	\$ /	\$	\$	\$	\$	
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS				
		\$		\$					
		\$		%					
		\$		\$					
		\$		%					
		\$		\$					
		\$		%					
		\$		\$					
		\$		%					
		\$		\$					
		\$		%					
ESTIMATED TOTAL: \$		POLICY FEE: \$		TOTAL PER VEHICLE *		\$	\$	\$	\$

* Motor Vehicle Law Enforcement Fee, as required by New York law, will be added to the total premium for each vehicle

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N								
11. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:10%;">DRV #</th> <th>REASON DECLINED, CANCELLED, OR NON-RENEWED</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED							
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12. IS THIS BROKERED BUSINESS TO THE AGENT?									
13. HAS AGENT INSPECTED VEHICLE?									
14. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:10%;">DRV #</th> <th>EXPLANATION</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DRV #	EXPLANATION							
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15. ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:25%;">NAME OF PLAN</th> <th style="width:25%;">PERSON COVERED</th> <th style="width:25%;">NAME OF PLAN</th> <th style="width:25%;">PERSON COVERED</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	NAME OF PLAN	PERSON COVERED	NAME OF PLAN	PERSON COVERED					
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16. WAS PREVIOUS INSURANCE PROVIDED BY ASSIGNED RISK? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th>EXPLANATION</th> </tr> <tr> <td> </td> </tr> </table>	EXPLANATION								
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REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

X	STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	
	YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
	DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE	

BINDER / SIGNATURE

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <th style="width:50%;">EFFECTIVE DATE</th> <th style="width:50%;">EXPIRATION DATE</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <th>TIME</th> <td>12:01 AM</td> </tr> <tr> <td> </td> <td>NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </table>	INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE			TIME	12:01 AM		NOON	COVERAGE IS NOT BOUND		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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.</p> <p>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.</p> <p>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.</p> <p>COPY OF ACORD 38 NY, NOTICE OF INSURANCE INFORMATION PRACTICES HAS BEEN GIVEN TO THE APPLICANT.</p> <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"> 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. </td> <td style="width:30%;"> HOW LONG HAVE YOU KNOWN THE APPLICANT? </td> </tr> </table> <p>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.</p> <p>IF YOU HAVE PURCHASED RENTAL VEHICLE REIMBURSEMENT COVERAGE AND YOUR VEHICLE IS DAMAGED AND IS TEMPORARILY OUT OF SERVICE DUE TO A LOSS COVERED UNDER YOUR POLICY, NEW YORK LAW STATES THAT YOU HAVE THE RIGHT TO UTILIZE ANY RENTAL VEHICLE COMPANY, RENTAL VEHICLE LOCATION OR A PARTICULAR CONCERN OF YOUR CHOICE.</p> <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width:35%;">APPLICANT'S SIGNATURE</th> <th style="width:15%;">DATE</th> <th style="width:30%;">PRODUCER'S SIGNATURE</th> <th style="width:20%;">NATIONAL PRODUCER NUMBER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	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?	APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER				
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