



KENTUCKY PERSONAL AUTO APPLICATION

DATE (DD/MM/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	
E-MAIL ADDRESS:		CO/PLAN	POL#:			
CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	MAIL POLICY TO AGENT MAIL POLICY TO APPL	PAYMENT PLAN
AGENCY CUSTOMER ID:		ACCT#:				
RESIDENCE		CURRENT RESIDENCE IS	OWNED	RENTED	GARAGING ADDRESS IF DIFF FROM ABOVE (Inc county & ZIP)	
YRS AT 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 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					\$	DEDUCTIBLE					\$	\$	\$	\$	
PERSONAL INJ PROTECTION (PIP)	\$	\$	DED	FULL	GUEST ONLY	BUY BACK	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
ADDL PERSONAL INJ PROTECTION	OPTION #:	\$	AGGREG LMT					\$	\$	\$	\$	\$	\$	\$	\$	\$	
MOTORCYCLE PERSONAL INJ PROT		APPLIES TO CYCLES LISTED ON BACK										\$	\$	\$	\$		
NAMED INDIVIDUAL-BROADENED PIP		APPLIES TO INDIVIDUALS LISTED ON BACK										\$	\$	\$	\$		
MEDICAL PAYMENTS	\$	EA PERSON										\$	\$	\$	\$		
UNINSURED MOTORISTS	STACKED CSL	EA ACCIDENT										\$	\$	\$	\$		
	NON-STKD BI	EA PERSON					\$	EA ACCIDENT									
UNDERINS MOTORISTS	STACKED CSL	EA ACCIDENT										\$	\$	\$	\$		
	NON-STKD BI	EA PERSON					\$	EA ACCIDENT									
COMPREHENSIVE / OTC	DED	\$		\$		\$		\$		\$		\$		\$		\$	
COLLISION	DED	\$		\$		\$		\$		\$		\$		\$		\$	
ACV UNLESS AMOUNT STATED		\$		\$		\$		\$		\$		\$		\$		\$	
TOWING & LABOR		\$		\$		\$		\$		\$		\$		\$		\$	
TRANS EXP/RENTAL RE		\$	/	\$	/	\$	/	\$	/	\$	/	\$	/	\$	/	\$	/
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

ADDITIONAL INTEREST

ADDL INT	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER
ADDL INT	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER

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	# OF YEARS W/ COMPANY
PRIOR PRODUCER	PRIOR POLICY NUMBER
	EXPIRATION DATE

GENERAL INFORMATION

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

REMARKS

ATTACHMENTS

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

FOR COMPANY USE ONLY

BINDER/SIGNATURE

INSURANCE BINDER		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. 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.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

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.

NOTICE OF INSURANCE 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 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 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.

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 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?
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I HAVE HAD UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THIS APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.

I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED
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IS/ARE GARAGING LOCATION(S) WITHIN CITY LIMITS?

YES NO IF NO, PROVIDE NAME(S) OF APPLICABLE TAX TERRITORIES:

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	NATIONAL PRODUCER NUMBER
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