



NEW YORK PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				TELEPHONE NUMBER	
						TAX TERRITORY	
		INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS					
CONTACT NAME:		CARRIER				NAIC CODE	
PHONE (A/C, No, Ext):		PLAN		POLICY #:			
FAX (A/C, No):				ACCT #:			
E-MAIL ADDRESS:		EFFECTIVE DATE		EXPIRATION DATE		PAYMENT PLAN	
CODE:		SUBCODE:		DIRECT AGENCY		MAIL POLICY TO AGENT MAIL POLICY TO APPL	
AGENCY CUSTOMER ID:							

RESIDENCE		CURRENT RESIDENCE IS		OWNED	RENTED		
YRS AT ADDR CURR	ADDR PREV	PREVIOUS STREET ADDRESS (If less than 3 years)			CITY	STATE	ZIP + 4

ADDITIONAL GARAGING ADDRESS(ES)						
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 WKS SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER FORM	MULTI CAR	CAR POOL	GRR CODE	ODDMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)
SPECIMEN																	
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	\$	DEATH BEN	\$	\$	\$	\$			
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	\$	F	G	\$	F	G	\$
COLLISION				DED	\$	F	G	\$	F	G	\$	F	G	\$	F	G	\$
ACV UNLESS AMOUNT STATED				\$								\$	\$	\$	\$		
TOWING & LABOR				\$								\$	\$	\$	\$		
TRANS EXP / RENTAL RE				\$ / \$ / \$ / \$ /								\$	\$	\$	\$		
CODE	DESCRIPTION			LIMIT	LIMIT APPLIES TO			DEDUCTIBLE	OPTIONS			* Motor Vehicle Law Enforcement Fee, as required by New York law, will be added to the total premium for each vehicle					
				\$				\$				\$	\$	\$	\$		
				\$				%				\$	\$	\$	\$		
ESTIMATED TOTAL: \$				POLICY FEE: \$				TOTAL PER VEHICLE *				\$	\$	\$	\$		

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
	FIRST NAME	MIDDLE NAME	LAST NAME				

#	OCCUPATION	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) Attach ACORD 99, Accidents / Convictions Schedule, if more space is required

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 39 MONTHS?				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		

ADDITIONAL INTEREST

ADDL INS	LIENHOLDER	NAME AND ADDRESS	VEH #:
LOSS PAYEE	REGISTRANT	<h1>SPECIMEN</h1>	LOAN NUMBER
OWNER			

ADDL INS	LIENHOLDER	NAME AND ADDRESS	VEH #:
LOSS PAYEE	REGISTRANT	<h1>SPECIMEN</h1>	LOAN NUMBER
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	# OF YEARS WITH COMPANY	ASSIGNED RISK?
		<input type="checkbox"/> Y / <input type="checkbox"/> N
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N													
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? <table border="1"> <tr> <th>VEH #</th> <th>NAME AS IT APPEARS ON REGISTRATION</th> <th>VEH #</th> <th>NAME AS IT APPEARS ON REGISTRATION</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </table>	VEH #	NAME AS IT APPEARS ON REGISTRATION	VEH #	NAME AS IT APPEARS ON REGISTRATION										
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2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) <table border="1"> <tr> <th>VEH #</th> <th>DESCRIPTION</th> <th>COST \$</th> <th>VEH #</th> <th>DESCRIPTION</th> <th>COST \$</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION	COST \$								
VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION	COST \$									
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) <table border="1"> <tr> <th>VEH #</th> <th>DESCRIPTION</th> <th>VEH #</th> <th>DESCRIPTION</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </table>	VEH #	DESCRIPTION	VEH #	DESCRIPTION										
VEH #	DESCRIPTION	VEH #	DESCRIPTION											
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION? <table border="1"> <tr> <th>DRV #</th> <th>DESCRIPTION</th> <th>COST \$</th> <th>DRV #</th> <th>DESCRIPTION</th> <th>COST \$</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	DRV #	DESCRIPTION	COST \$	DRV #	DESCRIPTION	COST \$								
DRV #	DESCRIPTION	COST \$	DRV #	DESCRIPTION	COST \$									
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) <table border="1"> <tr> <th>NAMED INSURED</th> <th>YEAR</th> <th>MAKE</th> <th>MODEL</th> <th>CARRIER</th> <th>NAIC #</th> <th>POLICY NUMBER</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER							
NAMED INSURED	YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER								

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					
POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	TYPE OF INSURANCE		
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?					
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?					
DRV #	SUSPENSION PERIOD Start Date: End Date:		EXPLANATION	REINSTATEMENT DATE	
9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT?					
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT?					
DRV #	EXPLANATION				
11. ANY FINANCIAL RESPONSIBILITY FILING?					
DRV #	REASON FOR FILING			FILING DATE	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?					
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED				
14. IS THIS BROKERED BUSINESS TO THE AGENT?					
<h1 style="font-size: 4em; margin: 0;">SPECIMEN</h1>					
15. HAS AGENT INSPECTED VEHICLE?					
16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
DRV #	EXPLANATION				
17. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?					
DRV #	EXPLANATION				
18. ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN?					
NAME OF PLAN		PERSON COVERED	NAME OF PLAN		

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	

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

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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	
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.

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?
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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.

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.

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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