# FLORIDA PERSONAL AUTO APPLICATION

**Agency**

- **Phone** (A/C, No. Ext.):
- **Fax** (A/C, No.):
- **License #:**
- **Code:**
- **SUBCODE:**
- **A/C:**
- **A/C Customer ID:**

**Applicant’s Name and Mailing Address**

- **Include county & ZIP+4:**
- **NAIC Code:**
- **Telephone Number:**

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**Effective Date**

**Expiration Date**

**Direct Bill**

**Agency**

**Mail Policy**

**Mail Policy to Agent**

**Mail Policy to Applicant**

**Payment Plan**

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**Residence**

- **Current Residence:**
- **Owned:**
- **Rented:**
- **Garage Location if Diff from Above:**

**Years at ADR:**

**Prior Address:**

- **If less than 3 years:**

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**Vehicle Description/Use**

**Total Number of Vehicles in Household:**

**VeH Year**

- **Make, Model and Body Type:**
- **VIN/Registered State:**
- **HP/CC:**
- **Date Leased:**
- **Date Purchased:**
- **New/Used:**

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**Coverages/Premiums**

**Limit of Liability**

**Vehicle #**

**Vehicle #**

**Vehicle #**

**Vehicle #**

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**Additional Coverages/Endorsements**

**Include Work Loss**

**Exclude Work Loss**

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**Resident & Driver Information**

[List all residents & dependents (licensed or not) and regular operators]

**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 X Years?**

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**Accord FL (2003/10)**

**PLEASE COMPLETE REVERSE SIDE**

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### ADDITIONAL INTEREST

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<th>NAME AND ADDRESS</th>
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### EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

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<tr>
<th>APPLICANT’S EMPLOYER</th>
<th>ADDRESS OF EMPLOYMENT</th>
<th>WORK PHONE NUMBER</th>
<th>YEARS W/ Curr Empl</th>
<th>YEARS W/ Prev Empl</th>
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<th>CO-APPLICANT’S EMPLOYER</th>
<th>ADDRESS OF EMPLOYMENT</th>
<th>WORK PHONE NUMBER</th>
<th>YEARS W/ Curr Empl</th>
<th>YEARS W/ Prev Empl</th>
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### PRIOR COVERAGE

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<tr>
<th>PRIOR CARRIER AND PRODUCER</th>
<th># OF YEARS W/ COMPANY</th>
<th>PRIOR POLICY NUMBER/EXPIRATION DATE</th>
<th>ASSIGNED RISK?</th>
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### GENERAL INFORMATION

#### EXPLAIN ALL "YES" RESPONSES IN REMARKS

<table>
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<th>YES</th>
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### REMARKS

**FOR COMPANY USE ONLY**

**ATTACHMENTS**

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

### BINDER/SIGNATURE

**INSURANCE BINDER**

<table>
<thead>
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<th>EFFECTIVE DATE</th>
<th>EXPIRATION DATE</th>
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**TIME**

- 12:01 AM
- NOON

**COVERAGE IS NOT BOUND**

**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.**

**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 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 UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN $10,000/$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.**

**I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE SELECTED OPTIONS 2, 4 OR 5, THEN I HAVE ALSO SIGNED THE STATE SUPPLEMENT FOR REJECTION OF UNINSURED MOTORIST COVERAGE AND/OR NON-STACKED COVERAGE.**

**I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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**

ACORD 90 FL (2003/10)