# KANSAS PERSONAL AUTO APPLICATION

## RESIDENCE
- **Current Residence Is**
  - [ ] Owned
  - [ ] Rented

**Garage Location If Diff From Above**
(Inc county & ZIP)

## VEHICLE DESCRIPTION/USE

<table>
<thead>
<tr>
<th>VEH</th>
<th>YEAR</th>
<th>MAKE, MODEL AND BODY TYPE</th>
<th>VIN/REGISTERED STATE</th>
<th>HP/CC</th>
<th>DATE LEASED</th>
<th>DATE PURCHASE</th>
<th>NEW/USED</th>
</tr>
</thead>
</table>

## VEHICLE COST

<table>
<thead>
<tr>
<th>VEH</th>
<th>COST NEW</th>
<th>SYMBOL AGE GROUP</th>
<th>TERR</th>
<th>MILE 1 WAY/ WK/SCH</th>
<th># DAYS WEEK</th>
<th># WKS MONTH</th>
<th>USAGE</th>
<th>PER</th>
<th>FORM</th>
<th>MULTI-CAR POOL</th>
<th>CARAGE</th>
<th>ODOMETER READING</th>
<th>ANNUAL MILEAGE</th>
<th>DRIVER</th>
<th>USE %</th>
<th>(Each veh must equal 100%)</th>
<th>CLASS</th>
</tr>
</thead>
</table>

## PASSIVE BRAKES

<table>
<thead>
<tr>
<th>VEH</th>
<th>PASSIVE SEAT BELT</th>
<th>AIRBAG DRV/BOTH</th>
<th>ANTI-LOCK BRAKES 2/4</th>
<th>ANTI-THEFT DEVICES</th>
<th>CREDITS AND SURCHARGES</th>
</tr>
</thead>
</table>

## COVERAGES/PREMIUMS

**COVERAGES**

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>LIMITS OF LIABILITY</th>
</tr>
</thead>
</table>

**LIMITS OF LIABILITY**

<table>
<thead>
<tr>
<th>VEHICLE #</th>
<th>VEHICLE #</th>
<th>VEHICLE #</th>
<th>VEHICLE #</th>
</tr>
</thead>
</table>

**POLICY FEE:** $ |

**TOTAL PER VEHICLE:** $ |

**ESTIMATED TOTAL:** $ |

**DEPOSIT:** $ |

**BALANCE DUE:** $ |

## RESIDENT & DRIVER INFORMATION

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

<table>
<thead>
<tr>
<th>#</th>
<th>NAME (AS IT APPEARS ON LICENSE)</th>
<th>SEX</th>
<th>MAR</th>
<th>STAT</th>
<th>REL TO APP</th>
<th>DATE OF BIRTH</th>
<th>OCC</th>
<th>DATE LIC</th>
<th>STOPP +100</th>
<th>GOOD</th>
<th>STOIL</th>
<th>DRV REHAB</th>
<th>ACC PREV CSE DATE</th>
<th>DRIVERS LICENSE #</th>
<th>LIC STATE</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
</table>

## ACCIDENTS/CONVICTIONS

(Note: Your driving record is verified with the state motor vehicle department)

<table>
<thead>
<tr>
<th>DRY</th>
<th>ACCIDENT/CONVICTION</th>
<th>PLACE OF</th>
<th>IF YES, INDICATE BELOW, ALSO INCLUDE COMPREHENSIVE INSURANCE LOSES:</th>
</tr>
</thead>
</table>

**HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 3 YEARS?**

[ ] Yes

[ ] No

**AMOUNT OF PROPERTY DAMAGE** |

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ADDITIONAL INTEREST

VEH # | NAME AND ADDRESS | ADDL INT | LOSS PAY | LOAN NUMBER
--- | --- | --- | --- | ---

VEH # | NAME AND ADDRESS | ADDL INT | LOSS PAY | 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 EMP | YEARS W/ PREV EMP
--- | --- | --- | --- | ---

CO-APPLICANT’S EMPLOYER
(State nature of business if self-employed) | ADDRESS OF EMPLOYMENT | WORK PHONE NUMBER | YEARS W/ CURR EMP | YEARS W/ PREV EMP

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER | # OF YEARS W/ COMPANY | PRIOR POLICY NUMBER/EXPIRATION DATE
--- | --- | ---

GENERAL INFORMATION

EXPLAIN ALL “YES” RESPONSES IN REMARKS

YES NO EXPLAIN ALL “YES” RESPONSES IN REMARKS

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?
5. ANY CAR KEPT AT SCHOOL?
6. ANY CAR PARKED ON STREET?
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)
9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)
10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED IN THE LAST 5 YEARS?
11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)
12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)
13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?
15. IS THIS BROKERED BUSINESS TO THE AGENT?
16. HAS AGENT INSPECTED VEHICLE?

REMARKS

ATTACHMENTS

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

FOR COMPANY USE ONLY

BINDER/SIGNATURE

INSURANCE BINDER

EFFECTIVE DATE | EXPIRATION DATE
--- | ---

TIME | 12:01 AM
NOON

COVERAGE IS NOT BOUND

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE WHETHER YOU QUALIFY FOR INSURANCE. THIS BINDER 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. 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.

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, COMITS 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 I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

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?

INITIALS

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN $25,000 PER PERSON, $50,000 PER ACCIDENT, OR $50,000 COMBINED SINGLE LIMIT, IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT.

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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