

# ACORD™ FLORIDA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)	NAIC CODE
	FAX (A/C, No):		TELEPHONE NUMBER
LICENSE #:		CO/PLAN	POL#:
CODE:	SUBCODE:		ACCT#:
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE
		DIRECT BILL AGENCY BILL	MAIL POLICY TO AGENT MAIL POLICY TO APPL
			PAYMENT PLAN

<b>RESIDENCE</b>	CURRENT RESIDENCE IS	OWNED	RENTED	<b>GARAGE LOCATION IF DIFF FROM ABOVE (Inc county &amp; ZIP)</b>
YRS AT ADDR 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-AGED	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/SURCHARGES			VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS/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				\$	\$	\$	\$
PERSONAL INJURY PROTECTION	\$10,000 BASIC	DED APPLIES TO:	NAMED INS ONLY		NAMED INS & DEPENDENT RESIDENT RELATIVE		\$	\$	\$
	DEDUCTIBLE:	\$250	\$500	\$1000	NAMED INS & DEPENDENT RESIDENT RELATIVE				
	WORK LOSS EXCL:	NAMED INS ONLY							
EXTENDED PIP		INCLUDE WORK LOSS	EXCLUDE WORK LOSS		\$	\$	\$	\$	
ADDITIONAL PIP	OPTION #:	\$	INCLUDE WK LOSS	EXCLUDE WK LOSS					
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$
UNINS MOTORIST	STKD	NON-STKD	BI \$	EA PERSON		\$	\$	\$	\$
COMPREHENSIVE	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		
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION										PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE

