KANSAS PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENC	AGENCY							^	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)											R				
									IN	DICATE	E IF MA	ILING /	ADDRE	ESS IS G	GARAGIN	IG ADDRES	S							
CONTA NAME:								С	ARRI	ER											NA		Æ	
PHONE (A/C, No FAX												DOL	<u></u>											
E-MAIL									LAN			ACC	CY #:											
ADDRE CODE:	55:			SUBCO	DE:				EFFE	CTIVE	DATE	-		ON DATI	E	DIRECT	M	AIL PC AGE		PAYM	ENT PLAN	1		
AGENC	Y CUSTO	MER ID:														AGENCY	M							
			CURRENT				NED	R	ENTE	D														
YRS AT	PREV P	REVIOUSS	STREET AD	DRESS (I	f less th	an 3 years)							CIT	Ϋ́							STATE	ZIP +	• 4	
ADDI	TIONA	L GARA	GING A	DDRE	SS(ES)																. <u> </u>		
LOC	STREET									CITY						COUNTY					STATE	ZIP +	• 4	
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VEHIC	CLE DI	ESCRIP	TION / U	SE									тот		IBER OF	VEHICLES I	N HOUSE	HOLD):			<u> </u>		
VEH LO	C YEAR	2	MAKE			MODEL			BODY	' TYPE					VIN			RE STA	G	HP/CC	DATE LEASEI	5 F	DATE PURCH	NEW USEI
																		-				+		+
																						+		+
VEH CO	ST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAG	E FORM	MULTI	- CAR POOL	GAR CODE	ODC RE		ANNU MILEA	AL GO	VERN	DRI	ER USE	% (Each y	/eh mu	st equal	100%)
		1102 0111		••••																				
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VEH С	LASS	PASSIVE	AIRBA	G ANT	I-LOCK KES 2/4	ANTI-T	HEFT		REDI			VEH	CLASS	P.	ASSIVE	AIRBAG DRV/BOTI	ANTI-L	оск	A	NTI-THE	FT	CRE	DITS AN CHARGE	ID
	LAGG	SEAT DEL			NE3 2/4	DEVI	20	3	UKCF	IARGE	5		ULAG	3 32	AIDELI	DRV/BOT	n DRARE	3 2/4		DEVICES	,	308	CHARGE	
COVE	RAGE	S/PRE	MIUMS													1								
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ACOF	RD 90 H	KS (2014	1/12)							Pa	ade 1	of 4		C) 1981-	2014 AC	ORDC	ORF	POR	ATION	I. All ri	ahts	reser	ved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID:

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

#			MAR	REL TO							
#	FIRST NAME	N	IIDDL	E NA	ME		LAST NAME	SEX	STAT	REL TO APPLIC	DATE OF BIRTH
#	OCCUPATION	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #		LIC	C TE S	OCIAL 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

	ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF LT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST THREE (3) YEARS? Y / N IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.											
	IPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 55 mph through 54 mph, or											
2. A	2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.											
DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CO	NVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE						

ADDITIONAL INTEREST

ADDL INS	NAME AND ADDRESS	VEH #:			
LOSS PAYEE		LOAN NUMBER			
ADDL INS	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									
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	* YEARS W/ CURR EMPL									

PRIOR COVERAGE # OF YEARS WITH COMPANY PRIOR CARRIER WITH COMPANY PRIOR PRODUCER PRIOR POLICY NUMBER EXPIRATION DATE

GENERAL INFORMATION

EXF	LAIN AL	L "YES" RESPONSES						Y/N			
1.		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VE TERED TO THE APPLICANT?	HICLES FOR V	NHICH	INSURANCE IS REQUESTED NOT SOLELY OWNED BY AN	1D	_				
	VEH # NAME OF OTHER OWNER				# NAME OF OTHER OWNER						
2.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized	vans / pickups	5)							
	VEH #	DESCRIPTION	COST	VEH	# DESCRIPTION	COST					
			\$			\$					
3.	ANY EX	XISTING DAMAGE TO VEHICLE? (Include damaged glass)									
	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?										
	DRV #	DESCRIPTION	COST	DRV	# DESCRIPTION	COST					
			\$			\$					

AGENCY CUSTOMER ID:

GENERAL INFORMATION	(continued)
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EXPL	EXPLAIN ALL "YES" RESPONSES Y/													Y/N
5. /	ANY OT	THER AUTO INSUR	ANCE IN HO	USEHOL	D? (Include	any prov	ided by empl	oyer)						
	NAME	DINSURED		YEAR	MAKE		MODEL		CARRIER		NAIC #	POLICY	NUMBER	
6.		THER INSURANCE	WITH THIS C	COMPAN	Y?									
	POLIC	YNUMBER			TYPE O	F INSURA	NCE	POL	ICY NUMBER			TYPE OF	INSURANCE	
-					//050									
7.		OUSEHOLD MEMB BRANCH		RYSER		LOCATIO							VEH AT BASE (Y / N)	
	DRV#	BRANCH	KANK		BASE	LUCATIO	IN						VEHAT BASE (17N)	
8.	ANY D	RIVERS LICENSE E	L BEEN SUSPE	NDED / F	REVOKED	DURING	THE LAST T	HREE (3) YEARS?					
	DRV # SUSPENSION PERIOD EXPLANATION REINSTATEMENT DATE													
	Start Date: End Date:													
9.	ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?													
	DRV # DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE													
10.	ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?													
	DRV # EXPLANATION													
4.4	1. ANY FINANCIAL RESPONSIBILITY FILING?													
11.	I. ANY FINANCIAL RESPONSIBILITY FILING? DRV # REASON FOR FILING FILING DATE FILING DATE													
	DRV # REASON FOR FILING FILING													
12.	HAS IN	ISURANCE BEEN T	RANSFERRE	ED WITH	N THE AG	ENCY?								
13.	ANY C	OVERAGE DECLIN	IED, CANCEL	LED, OR	NON-REN	EWED D	URING THE	LAST T	HREE (3) YEARS?					
	DRV #	REASON DECLINED	, CANCELLED,	OR NON-	RENEWED									
14.	IS THIS	S BROKERED BUS	INESS TO TH	E AGEN	[?									
15	HAS A	GENT INSPECTED	VEHICI E?											
16.	HAS AI	NY APPLICANT OR	DRIVER HAI	D A FORI	CLOSURE	E, REPOS	SSESSION, E	ANKRI	JPTCY, JUDGEMENT	OR LIEN DURI	NG THE	LAST FI\	/E (5) YEARS?	
	DRV #	EXPLANATION												
17.			ED DRIVEN W	/ITHOUT	LIABILITY	INSURA	NCE DURING	G ANY F	PART OF THE LAST SI	X (6) MONTHS	3?			
	DRV #	EXPLANATION												

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

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

BINDER / SIGNATURE INSURANCE BINDER IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: EFFECTIVE DATE EXPIRATION DATE 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. TIME 12:01 AM THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY NOON WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. 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. A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION CONFIDENTIALLY. SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. 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 REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. WE HAVE A SPECIFIC APPEAL PROCESS. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER. PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT. APPLICANTS 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. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.) HOW LONG HAVE PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL YOU KNOWN THE SIGNATURE OF THE APPLICANT. APPLICANT? I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL 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 (INITIALS) 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