



AGENCY CUSTOMER ID: \_\_\_\_\_

# SOUTH CAROLINA PERSONAL AUTO APPLICATION SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)		
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE	

**GARAGING ADDRESS (from ACORD 88)**

LOC	STREET	CITY	COUNTY	STATE	ZIP + 4	FIRE DIST

**VEHICLE DESCRIPTION / USE** TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED

VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE-1 WAY WK/SCHD	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE %	(Each veh must equal 100%)		

  

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	\$	EA ACCIDENT	\$	\$	\$	\$	
BODILY INJURY LIABILITY	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$	
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT	\$	DEDUCTIBLE	\$	\$	\$	\$	
PERSONAL INJURY PROTECTION	\$		\$	DEDUCTIBLE	\$	\$	\$	\$	
ADDL PERSONAL INJ PROTECTION	\$	MED EXP	\$	WORK LOSS	\$	\$	\$	\$	
MEDICAL PAYMENTS	\$	EA PERSON	\$		\$	\$	\$	\$	
UNINSURED MOTORISTS	CSL	EA ACCIDENT	\$		\$	\$	\$	\$	
	BI	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$	
	PD	EA ACCIDENT	\$	DEDUCTIBLE	\$	\$	\$	\$	
UNDERINSURED MOTORISTS	CSL	EA ACCIDENT	\$		\$	\$	\$	\$	
	BI	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$	
	PD	EA ACCIDENT	\$	DEDUCTIBLE	\$	\$	\$	\$	
COMPREHENSIVE / OTC	DED	\$	\$	\$	\$	\$	\$	\$	
COLLISION	DED	\$	\$	\$	\$	\$	\$	\$	
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	N/A	N/A	N/A	N/A	
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	
TRANS EXP / RENTAL RE	\$	/	\$	/	\$	\$	\$	\$	
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS				
		\$		\$					
		\$		%					
		\$		\$					
		\$		%					
		\$		\$					
		\$		%					
		\$		\$					
		\$		%					
		\$		\$					
		\$		%					
ESTIMATED TOTAL: \$					TOTAL PER VEHICLE	\$	\$	\$	\$



**GENERAL INFORMATION (continued)**

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<b>EXPLAIN ALL "YES" RESPONSES</b>		<b>Y / N</b>
11. <b>ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?</b>		
<b>DRV #</b>	<b>REASON DECLINED, CANCELLED, OR NON-RENEWED</b>	
12. IS THIS BROKERED BUSINESS TO THE AGENT?		
13. HAS AGENT INSPECTED VEHICLE?		
14. <b>HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?</b>		
<b>DRV #</b>	<b>EXPLANATION</b>	

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

<input checked="" type="checkbox"/>	STATE SUPPLEMENT	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
	YOUNG DRIVER QUESTIONNAIRE	MEDICAL STATEMENT	BILL OF SALE	
	DRIVER TRAINING CERTIFICATE	MOTOR VEHICLE REPORT		

**SIGNATURE**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP 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 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.

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, COMMITS 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 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 THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

I ACKNOWLEDGE THAT I HAVE READ AND COMPLETED ACORD 61 SC, OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORISTS COVERAGE AND OPTIONAL UNDERINSURED MOTORISTS COVERAGE.

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 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.

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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