

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

RESIDENCE	CURRENT RESIDENCE IS	OWNED	RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)
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					
	WORK LOSS EXCL:	NAMED INS ONLY		NAMED INS & DEPENDENT RESIDENT RELATIVE					
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		
IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.														
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION										PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE

