



# MISSOURI PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		TELEPHONE NUMBER	
CONTACT NAME:		CARRIER		NAIC CODE	
PHONE (A/C. No. Ext):		PLAN		POLICY #:	
FAX (A/C. No.):		EFFECTIVE DATE		EXPIRATION DATE	
E-MAIL ADDRESS:		DIRECT AGENCY		MAIL POLICY TO AGENT MAIL POLICY TO APPL	
CODE:		SUBCODE:		PAYMENT PLAN	
AGENCY CUSTOMER ID:		INDICATE IF MAILING ADDRESS IS GARAGING ADDRESS			

RESIDENCE		CURRENT RESIDENCE IS		OWNED		RENTED	
YRS AT ADDR CURR		PREVIOUS STREET ADDRESS (If less than 3 years)		CITY		STATE	
ADDR PREV				ZIP + 4			

ADDITIONAL GARAGING ADDRESS(ES)		CITY		COUNTY		STATE	
LOC		STREET		ZIP + 4			

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/SCHL	# 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		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				\$		\$		\$		\$	
MEDICAL PAYMENTS		\$ EA PERSON				\$		\$		\$		\$	
UNINSURED MOTORISTS		CSL \$ EA ACCIDENT				\$		\$		\$		\$	
		BI \$ EA PERSON \$ EA ACCIDENT				\$		\$		\$		\$	
UNDERINSURED MOTORISTS		CSL \$ EA ACCIDENT				\$		\$		\$		\$	
		BI \$ EA PERSON \$ EA ACCIDENT				\$		\$		\$		\$	
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: \$		POLICY FEE: \$				TOTAL PER VEHICLE		\$		\$		\$	

[illegible]

**Attach ACORD 99, Accidents / Convictions Schedule, if more space is required**

	ADDL INS	NAME AND ADDRESS	VEH #:
	LOSS PAYEE		LOAN NUMBER
	ADDL INS	NAME AND ADDRESS	VEH #:
	LOSS PAYEE		LOAN NUMBER

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

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

EXPLAIN ALL "YES" RESPONSES										Y / N	
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?											
VEH #		NAME OF OTHER OWNER				VEH #		NAME OF OTHER OWNER			
2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)											
VEH #		DESCRIPTION			COST	VEH #		DESCRIPTION			COST
					\$						\$
3. ANY EXISTING 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
					\$						\$
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)											
NAMED INSURED		YEAR	MAKE	MODEL		CARRIER		NAIC #	POLICY NUMBER		

**GENERAL INFORMATION (continued)**

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

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					
POLICY NUMBER	TYPE OF INSURANCE		POLICY NUMBER	TYPE OF INSURANCE	
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?					
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?					
DRV #	SUSPENSION PERIOD Start Date:                      End Date:		EXPLANATION	REINSTATEMENT DATE	
9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT?					
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT?					
DRV #	EXPLANATION				
11. ANY FINANCIAL RESPONSIBILITY FILING?					
DRV #	REASON FOR FILING			FILING DATE	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					
13. IS THIS BROKERED BUSINESS TO THE AGENT?					
14. HAS AGENT INSPECTED VEHICLE?					
15. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					
DRV #	EXPLANATION				
16. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?					
DRV #	EXPLANATION				

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

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

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

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**BINDER / SIGNATURE**

<b>INSURANCE BINDER</b>		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p>
<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	
<b>TIME</b>	12:01 AM	
	NOON	
<input type="checkbox"/> 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 RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION 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 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 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 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.

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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PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES.

**ELECTRONIC DELIVERY OF RENEWAL NOTICES**

YOU MAY REQUEST THAT YOUR RENEWAL NOTICES BE SENT TO YOU BY ELECTRONIC MAIL.

I REQUEST THAT RENEWAL NOTICES BE SENT TO ME BY ELECTRONIC MAIL.

APPLICANTS SIGNATURE: \_\_\_\_\_

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

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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