

ACORD™ OKLAHOMA PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

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|---|--|-----------|------------------|
| AGENCY CODE: AGENCY CUSTOMER ID | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">NAIC CODE</td> </tr> <tr> <td>TELEPHONE NUMBER</td> </tr> </table> CO/PLAN POL#: ACCT#: EFFECTIVE DATE EXPIRATION DATE DIRECT BILL MAIL POLICY TO AGENT PAYMENT PLAN AGENCY BILL MAIL POLICY TO APPL | NAIC CODE | TELEPHONE NUMBER |
| NAIC CODE | | | |
| TELEPHONE NUMBER | | | |

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|--|---|
| 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 | | |
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| 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 | \$ | DEDUCTIBLE | | \$ | \$ | \$ | \$ | |
| MEDICAL PAYMENTS | \$ | EA PERSON | | | | \$ | \$ | \$ | \$ | |
| UNINSURED MOTORISTS | CSL | EA ACCIDENT | | | | \$ | \$ | \$ | \$ | |
| | BI | EA PERSON | \$ | EA ACCIDENT | | | | | | |
| 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 # |
| | | | | | | | | | | | | | |
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| 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? | | | | | | | | | | |
| DRV # | DATE OF ACCIDENT/CONVICTION | DESCRIPTION OF ACCIDENT OR CONVICTION | | | | | PLACE OF ACCIDENT/CONVICTION | BI OR DEATH YES NO | AMOUNT OF PROPERTY DAMAGE | |
| | | | | | | | | | | |

ADDITIONAL INTEREST

| | | | |
|-------|----------|------------------|-------------|
| VEH # | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | | |
| VEH # | ADDL INT | NAME AND ADDRESS | LOAN NUMBER |
| | LOSS PAY | | |

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 | 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 COVERAGE

| | | |
|----------------------------|--------------------------|-------------------------------------|
| PRIOR CARRIER AND PRODUCER | # OF YEARS W/ COMPANY | PRIOR POLICY NUMBER/EXPIRATION DATE |
|----------------------------|--------------------------|-------------------------------------|

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO | EXPLAIN ALL "YES" RESPONSES IN REMARKS | YES | NO |
|--|-----|----|---|-----|----|
| 1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? | | | 9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number) | | |
| 2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost) | | | 10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED? | | |
| 3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass) | | | 11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number) | | |
| 4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)? | | | 12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing) | | |
| 5. ANY CAR KEPT AT SCHOOL? | | | 13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | |
| 6. ANY CAR PARKED ON STREET? | | | 14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS? | | |
| 7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer) | | | 15. IS THIS BROKERED BUSINESS TO THE AGENT? | | |
| 8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number) | | | 16. HAS AGENT INSPECTED VEHICLE? | | |

REMARKS

ATTACHMENTS

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

FOR COMPANY USE ONLY

BINDER/SIGNATURE

| | | |
|-------------------------|-----------------|---|
| INSURANCE BINDER | | IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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. 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. |
| EFFECTIVE DATE | EXPIRATION DATE | |
| TIME | 12:01 AM | |
| | NOON | |
| COVERAGE IS NOT BOUND | | |

NOTICE OF INFORMATION PRACTICES

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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. 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. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. 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.

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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

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| 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 OR IN ANY STATE SUPPLEMENT 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 |
|-----------------------|------|----------------------|--------------------------|