



WISCONSIN PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

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

RESIDENCE			CURRENT RESIDENCE IS		OWNED	RENTED	GARAGING ADDRESS IF DIFF FROM ABOVE (Inc county & ZIP)				
YRS AT ADDR CURR	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 CODE	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 AND SURCHARGES			VEH	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		\$		\$		\$	\$	\$	\$	
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

ADDITIONAL INTEREST

ADDL INT	NAME AND ADDRESS	VEH #:
LOSS PAYEE		LOAN NUMBER
ADDL INT	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	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				# OF YEARS WITH COMPANY
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE	ASSIGNED RISK? Y/N <input type="checkbox"/>	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	<input type="checkbox"/>
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)	<input type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input type="checkbox"/>
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input type="checkbox"/>
6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input type="checkbox"/>
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input type="checkbox"/>
8. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input type="checkbox"/>
9. THIS QUESTION HAS BEEN LEFT INTENTIONALLY BLANK.	
10. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input type="checkbox"/>
11. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>
12. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
13. IS THIS BROKERED BUSINESS TO THE AGENT?	<input type="checkbox"/>
14. HAS AGENT INSPECTED VEHICLE?	<input type="checkbox"/>
15. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	<input type="checkbox"/>

REMARKS

ATTACHMENTS

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

FOR COMPANY USE ONLY

BINDER/SIGNATURE

AGENCY CUSTOMER ID: _____

INSURANCE BINDER		<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>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
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.

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 UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME. I REJECT THIS COVERAGE ENTIRELY.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE WISCONSIN AUTO SUPPLEMENT, ACORD 61 WI. (INITIALS)

<p>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.</p>	<p>HOW LONG HAVE YOU KNOWN THE APPLICANT?</p>
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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.

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