

# ACORD<sup>TM</sup> CALIFORNIA PERSONAL AUTO APPLICATION

DATE

PRODUCER		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				NAIC CODE					
						TELEPHONE NUMBER					
		CODE:		SUBCODE:		CO/PLAN		POL#:			
		AGENCY CUSTOMER ID		EFFECTIVE DATE		EXPIRATION DATE		ACCT#:		MAIL POLICY TO AGENT MAIL POLICY TO APPL	

RESIDENCE		CURRENT RESIDENCE IS		OWNED	RENTED	GARAGE LOCATION 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-AGED	ODOMETER READING	EST ANN FUT 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/PREMIUMS

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	\$	\$	\$	\$
PD - EA ACC	\$	\$	\$	\$	\$	\$	\$	\$	\$	
COMPREHENSIVE	DED	\$	\$	\$	\$	\$	\$	\$	\$	
COLLISION	DED	\$	\$	\$	\$	\$	\$	\$	\$	
WAIVER OF COLLISION DEDUCTIBLE (Check if applicable)		\$	\$	\$	\$	\$	\$	\$	\$	
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	STD >100	GOOD STD	DRV TRAIN	GOOD DRV	MAT DRV	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

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
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# 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? (Incl 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?		
			17. ANY MOTORCYCLES TO BE INSURED? (Indicate driver numbers, and provide number of years licensed to drive motorcycles)		

# REMARKS

# ATTACHMENTS

FOR COMPANY USE ONLY:	STATE SUPPLEMENT	MEDICAL STATEMENT
	YOUNG DRIVER QUESTIONNAIRE	MOTOR VEHICLE REPORT
	DRIVER TRAINING CERTIFICATE	PHOTOGRAPH
	GOOD STUDENT CERTIFICATE	BILL OF SALE
	ANTI-THEFT DEVICE CERTIFICATE	

# BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	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.	
TIME	12:01 AM	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.	
	NOON		
COVERAGE IS NOT BOUND			
<p><b>NOTICE OF INSURANCE INFORMATION PRACTICES</b></p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.</p> <p>IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.</p> <p>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.</p> <p>COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.</p> <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>AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.</p> <p>I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA PERSONAL AUTO SUPPLEMENT.</p> <p>IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.</p> <p>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.</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	HOW LONG HAVE YOU KNOWN THE APPLICANT?



### Underwriting Rules - Drivers

All residents of the household who are 14 years of age and older and any person who regularly drives listed vehicles must be listed as a driver or excluded. Coverage may not be afforded for those individuals not disclosed on your application and not listed on your Declarations Page.

U.S. License Experience	Yes	Only actual Canadian and verifiable U.S. licensing should be listed in the U.S. License fields.
Foreign and International Driving Experience	Yes	All driving experience is accepted. Apply all foreign experience in the international field. We rate experience based on age 16. A copy of photo ID will be required if not U.S. licensed.
Good Driver, International License	Yes	Discount provided for drivers that qualify with foreign license with accompanying MVR.
AB60 Driver's License	Yes	Same rules as "U.S. License Experience" apply.
Expired, Suspended or Revoked	Yes	We will not memo or cancel for no valid license.
SR22 Filing	Yes	Available for any rated driver with a California driver's license. All vehicles in the household must be insured on the policy.
Violations - Driving During Employment	Yes	Accidents and major violations are chargeable while driving for an employer. Minor violations will not be charged if accompanied by a letter from the employer on employer's letter head.

### Underwriting Rules - Vehicles

Out of State Registrations	Yes	Vehicle must be garaged in California. No need to register your vehicle in California. Current copy of registration required.
Vehicles Registered to a Business	Yes	Subject to underwriting guidelines. Must be operated by rated drivers only.
Vehicles Registered to Someone Else	Yes	Registered owners must be listed as either rated or excluded drivers.
Physical Damage Value Limits	Yes	\$50,000 Maximum - \$2,500 Minimum.
Photos	Yes	Required for vehicles with physical damage coverage. Signed AU Vehicle Condition Certification form is acceptable. Documents must be kept at the broker's office, we may request documents at any time.
Non-Private-Passenger Vehicles	No	Taxis, Limos, Incomplete Chassis or body styles other than a pickup or van are unacceptable in all programs.
Salvage Vehicles	Yes	Eligible for all coverage. Photos and/or signed AU Vehicle Condition Certification form are required. Documents must be kept at the broker's office, we may request documents at any time.
Business/Artisan Use	Yes	Maximum of 2 vehicles per policy. Pickups, vans or autos; photos are required. Deliveries are not acceptable.
Commercial Use	No	Uber (or similar), delivery or commercial use is unacceptable in all programs.

### Coverage

Coverage Reduction / Exclusion due to DUI	Yes	If driver at time of loss is DUI: 1) Limits of liability are reduced to the minimum required by law, and 2) Physical damage coverage (comprehensive and collision) will not be afforded.
Liability Limits (**higher limits US DL Only)	Options	BI/PD 15/30/5 - 15/30/10 - 25/50/25 - 50/100/50** - 100/300/50** UM 15/30 - 25/50 - 30/60
Physical Damage	Yes	Comprehensive and collision coverage must be purchased together with matching deductibles (\$500 or \$1,000). We do not write Physical Damage coverage only policies.
Automatic Coverage Limit Increase when Driving in Other States	No	This policy provides the minimum financial responsibility coverage and limits required in CA, but does not provide increased limits for losses that occur in states that require higher limits.
Rental & Towing Reimbursement Package	Yes	Rental & Towing offered as a package. Additional premium required, must have comprehensive and collision coverage. Rental Reimbursement \$30/Day, Max 30 Days*. Towing Reimbursement \$100 per occurrence*.
Rental Vehicle Covered for Liability	Yes	Only Liability Coverage transfers to a rental vehicle for pleasure or temporary substitute. Comprehensive and Collision coverage is not transferred.
Additional Vehicle(s)	Yes	Will only get liability until Broker/Insured adds physical damage and then only as of the date & time coverage is added.
Replacement Vehicle(s)	Yes	Will get whichever coverage the vehicle being replaced has for 30 days from acquisition date. If vehicle being replaced only has liability, there is no physical damage prior to coverage being added.
Vehicles without Assigned Drivers	Yes	Maximum 2 unassigned vehicles without Underwriting approval.
Special Equipment	No	No coverage is available for special or custom equipment.
Lifted Vehicles	Yes	Maximum lift is no more than 3 inches. Lowered vehicles are unacceptable.
Mexico Coverage	No	No coverage is afforded for accidents or losses that occur in Mexico.
Non-Owner	Yes	Non-owner disclosure must be signed, rate with actual miles.

### General Rules

Policy Terms	Options	1, 3, 6 and 12 month terms available.
Electronic Funds Transfer (EFT)	Options	Checking or savings account, debit or recurring credit card on 1 and 3 month terms.
Pay Plan Change: 1 & 3 Month Policies	Yes	30-day advance notice is required. Issued monthly bill must be paid (how it was billed) before pay plan change is processed.
Pay Plan Change: 6 & 12 Month Policies	Yes	30-day notice prior to renewal is required. Cannot be changed mid-term.
Rewrite/Reissue	Yes	30-day with no extra documentation required.
Submit Documentation	Yes	Fax, email or upload MVR, License, ID, Registration or contract and signed new business application. Endorsements not submitted via our Online system will require all documentation to be submitted; \$5 manual processing fee will be charged.
Proof of Mileage	Yes	Proof required for reduced mileage requests.
Credit Card Down Payment	Yes	Credit card option is available for down payment with no additional fee.
Payments	Options	Online (broker sweep, e-Check, credit/debit card), Mail (check, money order or cashier's check) and Money Gram (#5499)
Trust Account Payments	Yes	Payments accepted by the Broker (cash, checks, money orders) will be swept from the Broker's trust account without a fee.
Rating Systems	Yes	Coverage, eligibility and vehicle information are predetermined, no need to remember any special rules. Our system rate will be deemed final and once the application is uploaded, the down payment will be swept from broker's trust account within 48 hours.
Instant Proof of Insurance	Yes	Once the application is uploaded, the complete application with assigned policy number and ID cards are issued.

### Online Features

Same Day Void	Yes	Void must be processed on the same day policy is submitted. Down payment will not be swept.
Make a Payment	Yes	Credit/Debit card (\$5 fee), e-check (no fee), and broker sweep (no fee).
Process Endorsements	Yes	System Rated. No supporting documents required to be submitted (documents may be requested in case of a claim).
Cancel a Policy	Yes	Policy cancellation can be processed at any time (also available online); signed cancellation request must be kept at broker's office.
Upload Documentation	Yes	Upload Supporting Documentation (signed application, registrations, MVRs, etc.).
Access Insured's Documentation	Yes	Regenerate applications or print ID Cards, bills and endorsement confirmations.
Access Company's Forms and Manuals	Yes	Access and print our forms and current guidelines.
Online Quoting	Yes	Start a new quote or access previously saved quotes.
Coverage Verification	Yes	Verify coverage and loss payee information with just the VIN (no need to login).
Broker Information	Yes	Update broker's contact information and preferred communication settings. Access documentation and reports.

**Policy Services & UW - Bianca Mouton (818) 227-2620 [bmouton@jrolsenbonds.com](mailto:bmouton@jrolsenbonds.com)**

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