

# ACORD™ PERSONAL AUTO APPLICATION

DATE (MM/DD/YY)

PRODUCER  
**ANTHONY CECIL INSURANCE INC**  
 2365 HARRODSBURG RD STE B220  
 LEXINGTON, KY 40504

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)

FACILITY CODE

TELEPHONE NUMBER

CO/PLAN

POL#:

CODE: \_\_\_\_\_ SUBCODE: \_\_\_\_\_  
 AGENCY CUSTOMER ID

ACCT#:

NEW  
RNWL

EFFECTIVE DATE

EXPIRATION DATE

DIRECT BILL

PAYMENT PLAN

AGENCY BILL

**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 PURCH	NEW/USED
1						
2						
3						
4						

VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WKS/SR	#DAYS WEEK	USAGE	PERFORM	MULTI-CAR	CAR POOL	GAR-AGED	ODMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)						CLASS	
														1	2	3	4	5	6		
1																					
2																					
3																					
4																					

VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 24	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 24	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
1						3					
2						4					

**COVERAGES/PREMIUMS**

COVERAGES	LIMITS OF LIABILITY				VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT			\$	\$	\$	\$
BODILY INJURY LIABILITY	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT	\$	DEDUCTIBLE	\$	\$	\$	\$
PERSONAL INJ PROTECTION	\$	\$		DEDUCTIBLE	\$	\$	\$	\$
ADDL PERSONAL INJ PROTECTION	\$	TOTAL	\$	WORK LOSS	\$	\$	\$	\$
MEDICAL PAYMENTS	\$	EA PERSON		MED EXP	\$	\$	\$	\$
UNINSURED MOTORISTS	CSL/BI	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$
	PD	\$	EA ACCIDENT			\$	\$	\$
UNDERINSURED MOTORISTS	CSL/BI	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$
	PD	\$	EA ACCIDENT			\$	\$	\$
COMPREHENSIVE	DED	1 \$	2 \$	3 \$	4 \$	\$	\$	\$
COLLISION	DED	1 \$	2 \$	3 \$	4 \$	\$	\$	\$
ACV UNLESS AMOUNT STATED		1 \$	2 \$	3 \$	4 \$	\$	\$	\$
TOWING & LABOR		1 \$	2 \$	3 \$	4 \$	\$	\$	\$
TRANSPORTATION EXPENSES		1 \$	2 \$	3 \$	4 \$	\$	\$	\$

ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)	TOTAL PER VEHICLE	\$	\$	\$	\$
	ESTIMATED TOTAL	\$	DEPOSIT	\$	BALANCE DUE
		\$		\$	\$

**RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]**

NAME	SEX	MAR STAT	RELATION TO APPLICANT	DATE OF BIRTH	OCCUPATION	DATE LIC	STDY >100	GOOD STDY	DRV TRAN	ACC PREV CSE DATE	DRIVERS LICENSE #/LICENSED 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 OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST _____ YEARS?												YES	NO	IF YES, INDICATE BELOW	
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION						PLACE OF ACCIDENT/CONVICTION		B' 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			
APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YRS EEMPL
CO-APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YRS EEMPL

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

GENERAL INFORMATION		DATE OF FILING:	
EXPLAIN ALL "YES" RESPONSES IN REMAR	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMAR
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)
			10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups)			11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?
5. ANY CAR KEPT AT SCHOOL?			14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?
6. ANY CAR PARKED ON STREET?			15. IS THIS BROKERED BUSINESS TO THE AGENT?
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)			
8. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)			

REMARKS	ATTACHMENTS
	STATE SUPPLEMENT
	NO-FAULT APPLICATION
	YOUNG DRIVER QUESTIONNAIRE
	DRIVER TRAINING CERTIFICATE
	GOOD STUDENT CERTIFICATE
	ANTI-THEFT DEVICE CERTIFICATE
	MEDICAL STATEMENT
	MOTOR VEHICLE REPORT
	PHOTOGRAPH
	BILL OF SALE

FOR COMPANY USE ONLY

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

NOTICE TO THE APPLICANT: THE FAIR CREDIT REPORTING ACT REQUIRES THAT WE ADVISE YOU THAT THE COMPANY MAY ORDER AN INVESTIGATION CONSUMER REPORT AS PART OF THE UNDERWRITING PROCESS. IF SUCH A REPORT IS ORDERED, THE COMPANY WILL NOTIFY YOU. YOU HAVE THE RIGHT TO REQUEST INFORMATION ON THE NATURE AND SCOPE OF SUCH A REPORT. ANY INFORMATION DEVELOPED WILL BE HELD IN THE STRICTEST CONFIDENCE.

ANY PERSON WHO KNOWINGLY PROVIDES FALSE INFORMATION IN AN APPLICATION FOR INSURANCE WITH THE INTENT TO DEFRAUD AN INSURANCE COMPANY OR ANOTHER PERSON, OR WHO CONCEALS ANY INFORMATION CONCERNING A MATERIAL FACT FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. 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.

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?
--	--

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 (MM/DD/YY)	PRODUCER'S SIGNATURE
-----------------------	-----------------	----------------------