



KANSAS PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE			
	FAX (A/C, No):				TELEPHONE NUMBER			
E-MAIL ADDRESS:		CO/PLAN	POL#:			ACCT#:		
CODE:	SUBCODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	MAIL POLICY TO AGENT	PAYMENT PLAN		
AGENCY CUSTOMER ID:				AGENCY BILL	MAIL POLICY TO APPL			
RESIDENCE		CURRENT RESIDENCE IS	OWNED	RENTED	GARAGING ADDRESS IF DIFF FROM ABOVE (Inc county & ZIP)			
YRS AT 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 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	\$	DEDUCTIBLE			\$	\$	\$	\$	
PERSONAL INJURY PROTECTION		STATUTORY LIMITS						\$	\$	\$	\$
ADDL PERSONAL INJ PROTECTION			OPTION 1		OPTION 2		\$	\$	\$	\$	
MEDICAL PAYMENTS	\$	EA PERSON						\$	\$	\$	\$
UNINSURED 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 <u>3</u> 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 W/ COMPANY
PRIOR PRODUCER	PRIOR POLICY NUMBER
	EXPIRATION DATE

GENERAL INFORMATION

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

REMARKS

ATTACHMENTS

	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STATE SUPPLEMENT</td></tr> <tr><td>YOUNG DRIVER QUESTIONNAIRE</td></tr> <tr><td>DRIVER TRAINING CERTIFICATE</td></tr> <tr><td>GOOD STUDENT CERTIFICATE</td></tr> <tr><td>ANTI-THEFT DEVICE CERTIFICATE</td></tr> <tr><td>MEDICAL STATEMENT</td></tr> <tr><td>MOTOR VEHICLE REPORT</td></tr> <tr><td>PHOTOGRAPH</td></tr> <tr><td>BILL OF SALE</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	STATE SUPPLEMENT	YOUNG DRIVER QUESTIONNAIRE	DRIVER TRAINING CERTIFICATE	GOOD STUDENT CERTIFICATE	ANTI-THEFT DEVICE CERTIFICATE	MEDICAL STATEMENT	MOTOR VEHICLE REPORT	PHOTOGRAPH	BILL OF SALE		
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FOR COMPANY USE ONLY												

BINDER/SIGNATURE

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">EFFECTIVE DATE</td> <td style="width:50%; padding: 2px;">EXPIRATION DATE</td> </tr> <tr> <td style="padding: 2px;">TIME</td> <td style="padding: 2px;">12:01 AM</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">NOON</td> </tr> <tr> <td colspan="2" style="padding: 2px;">COVERAGE IS NOT BOUND</td> </tr> </table>	EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	COVERAGE IS NOT BOUND		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.
EFFECTIVE DATE	EXPIRATION DATE								
TIME	12:01 AM								
	NOON								
COVERAGE IS NOT BOUND									
	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.									

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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 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.

APPLICANTS 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 THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

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 ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT. _____ (INITIALS)

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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