



**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?											
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:                      1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or                      2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.</small>											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:40%;">DATE (MM/DD/YYYY)</th> <th style="width:40%;">TYPE</th> <th style="width:10%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____  REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
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**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**VEHICLE DESCRIPTION**  **ACORD 129 attached for additional vehicles**

VEH #		YEAR		MAKE:				BODY TYPE:				VEHICLE TYPE			SYM/AGE		COST NEW								
				MODEL:				V.I.N.:				PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			\$										
GARAGING ADDRESS		STREET (Required in KY)						CITY				COUNTY				STATE		ZIP							
LIC STATE		TERR		GVW / GCW				CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERMINAL							
DRIVE TO WORK/SCHOOL		USE		COMM'L		CHECK COVERAGES		ADD'L NO-FAULT		UNDRINS MOTOR		F		LSP		RENT REIMB		DEDUCTIBLES		ACV		COMP/OTC		SPEC C OF L	
<input type="checkbox"/> < 15 MILES		<input type="checkbox"/> PLEASURE		RETAIL		<input type="checkbox"/> LIAB		<input type="checkbox"/> MED PAY		<input type="checkbox"/> TOWING & LABOR		<input type="checkbox"/> FT		<input type="checkbox"/> COMP/OTC		<input type="checkbox"/> FG		<input type="checkbox"/> AA		<input type="checkbox"/> ST AMT		\$		\$	
<input type="checkbox"/> 15 MILES +		<input type="checkbox"/> FARM		SERVICE		<input type="checkbox"/> NO-FAULT		<input type="checkbox"/> UNINS MOTOR		<input type="checkbox"/> SPEC C OF L		<input type="checkbox"/> FTW		<input type="checkbox"/> COLL								\$		COLL	
NET VEH DR/CR:														TOTAL PREM \$											

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE				PRODUCER'S NAME (Please Print)				STATE PRODUCER LICENSE NO (Required in Florida)			
APPLICANT'S SIGNATURE						DATE		NATIONAL PRODUCER NUMBER			