



**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

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:20%;">DATE (MM/DD/YYYY)</th> <th style="width:10%;">TYPE</th> <th style="width:40%;">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 <input type="checkbox"/> INSURED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LOSS PAYEE OWNER 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	COMP / OTC SYM	COLL SYM	
		MODEL:		V.I.N.:		PP	SPEC	COML				
GARAGING ADDRESS	STREET (Required in KY)			CITY		COUNTY			STATE	ZIP		
LIC STATE	TERR	GWW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
										\$		
USE	COMML	FOR HIRE	CHECK COVERAGE	ADDL NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ST AMT	ACV / COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY		FT	COMP / OTC COLL					
FARM	SERVICE			UNINS MOTOR		FTW						COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:							TOTAL PREM: \$		

  

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

  

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
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GARAGING ADDRESS	STREET (Required in KY)			CITY		COUNTY			STATE	ZIP		
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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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE 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)
	A BIZ ACTION INSURANCE AGENCY	
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER