



PERSONAL AUTO APPLICATION

Date (MM/DD/YY)
01/07/2005

PRODUCER
Roberson & Associates Insuranc

315 N. Market
Benton AR 72015-
CODE: SUBCODE:
AGENCY CUSTOMER ID

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)
Name
FACILITY CODE
TELEPHONE NUMBER
() -
CO/PLAN POL#
ACCT#
NEW EFFECTIVE DATE EXPIRATION DATE DIRECT BILL PAYMENT PLAN
RNWL / / / / AGENCY BILL

RESIDENCE CURRENT RESIDENCE IS: OWNED RENTED GARAGE LOCATION IF DIFF FROM ABOVE (inc county & ZIP)
YRS AT ADDR 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/SCHL	# DAYS WEEK	USAGE	PERFORM	MULTI-CAR	CAR POOL	GAR-AGED	ODOMETER 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 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
1						3					
2						4					

COVERAGES/PREMIUMS		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	MED EXP	\$.	\$.	\$.	\$.	\$.
MEDICAL PAYMENTS	\$	EA PERSON	\$	\$.	\$.	\$.	\$.	\$.	\$.
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 and dependents (licensed or not) and regular operators)												
NAME	SEX	MAR STAT	RELATION TO APPLICANT	DATE OF BIRTH	OCCUPATION	DATE LIC	STDT > 100	GOOD STDT	DRV TRAIN	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?										
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT/CONVICTION	PLACE OF ACCIDENT OR CONVICTION	YES	NO	IF YES, INDICATE BELOW	BI OR DEATH	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 () -		
			-	-		
CO-APPLICANT'S EMPLOYER			ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER () -		
			-	-		
PRIOR COVERAGE						
PRIOR CARRIER AND PRODUCER			# OF YEARS W/COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE / /		
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? (Include customized vans/pickups?)				10. ANY DRIVERS LICENSE BEEN SUSPENDED OR REVOKED?		
3. ANY EXISTING DAMAGE TO VEHICLE (Include damaged glass)				11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT?		
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 THREE 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)						
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 / /	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 NOON		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.			
COVERAGE IS NOT BOUND						
NOTICE TO THE APPLICANT: THE FAIR CREDIT REPORTING ACT REQUIRES THAT WE ADVISE YOU THAT THE COMPANY MAY ORDER AN INVESTIGATIVE CONSUMER REPORT AS PART OF THE UNDERWRITING PROCES. 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		

ACORD 90 (2/95)