

<b>ACORD™ HAWAII PERSONAL AUTO APPLICATION</b>										DATE						
PRODUCER    CODE: SUBCODE: AGENCY CUSTOMER ID					APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)										NAIC CODE	
															TELEPHONE NUMBER	
					CO/PLAN					POL#:						
					EFFECTIVE DATE					EXPIRATION DATE					ACCT#:	
										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 #													
CURR		PREV															

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													
VEH		COST NEW		SYMBOL AGE GRP		TERR		MILE 1 WAY WK/SCHL		# DAYS WEEK		# WKS MONTH		USAGE		PER-FORM		MULTI-CAR		CAR POOL		GAR-AGED		ODOMETER READING		ANNUAL MILEAGE		GOVERN DRIVER		DRIVER USE % (Each veh must equal 100%)										CLASS	
VEH		PASSIVE SEAT BELT		AIRBAG DRV/BOTH		ANTH-LOCK BRAKES 2/4		ANTI-THEFT DEVICES		CREDITS AND SURCHARGES		VEH		PASSIVE SEAT BELT		AIRBAG DRV/BOTH		ANTH-LOCK BRAKES 2/4		ANTI-THEFT DEVICES		CREDITS AND SURCHARGES																			

COVERAGES/PREMIUMS																							
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										\$		\$		\$		\$			
PERSONAL INJURY PROTECTION		\$10,000		\$		DEDUCTIBLE		CO PAY OPTION		MANAGED CARE OPTION		\$		\$		\$		\$					
ADDITIONAL PERSONAL INJURY PROTECTION				ADD'L MED EXP		\$		WORK LOSS		\$		\$		\$		\$		\$					
				DEATH BEN		\$		FUN EXP		\$2000		ALT EXP		\$		\$		\$					
MEDICAL PAYMENTS		\$		EA PERSON										\$		\$		\$		\$			
UNINSURED MOTORISTS				STACKED CSL		\$		EA ACCIDENT										\$		\$		\$	
				NON-STKD BI		\$		EA PERSON \$ EA ACCIDENT										\$		\$		\$	
UNDERINS MOTORISTS				STACKED CSL		\$		EA ACCIDENT										\$		\$		\$	
				NON-STKD BI		\$		EA PERSON \$ EA ACCIDENT										\$		\$		\$	
COMPREHENSIVE		DED		\$				\$				\$				\$		\$		\$		\$	
COLLISION		DED		\$				\$				\$				\$		\$		\$		\$	
ACV UNLESS AMOUNT STATED		\$				\$				\$				\$		\$		\$		\$		\$	
TOWING & LABOR		\$				\$				\$				\$		\$		\$		\$		\$	
TRANS EXP/RENTAL RE				/				/				/				/		\$		\$		\$	
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	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDY >100	GOOD STDY	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 ____ 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**

VEH #		ADDL INT	NAME AND ADDRESS	LOAN NUMBER
		LOSS PAY		
VEH #		ADDL INT	NAME AND ADDRESS	LOAN NUMBER
		LOSS PAY		

**EMPLOYMENT INFORMATION (\* If less than 2 years, provide name of previous employer and previous occupation under Remarks)**

APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
CO-APPLICANT'S EMPLOYER	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS W/ CURR EMPL	YEARS W/ PREV EMPL

**PRIOR COVERAGE**

PRIOR CARRIER AND PRODUCER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE
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**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)		
			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?					
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)			16. HAS AGENT INSPECTED VEHICLE?		

**REMARKS****ATTACHMENTS**

	X	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**

<b>INSURANCE BINDER</b>		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:  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.  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.	
EFFECTIVE DATE	EXPIRATION DATE		
TIME	12:01 AM NOON		
COVERAGE IS NOT BOUND			
<b>NOTICE OF INSURANCE INFORMATION PRACTICES</b> PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.			
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.			
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 HAWAII JOINT UNDERWRITING 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	PRODUCER'S SIGNATURE

ACORD 90 HI (1/98)