



Policy Number:

MAINE PERSONAL AUTO APPLICATION

ME DATE (MM/DD/YYYY)
11/10/2010

AGENCY PHONE (A/C, No, Ext): (207) 563-4530 FAX (A/C, No): (207) 563-1937 The David Chapman Agency P.O. Box 429 372 Main St. Damariscotta, Me 04543 CODE: 123 AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE
	CO/PLAN		TELEPHONE NUMBER () -
SUBCODE: 456		POL#:	
EFFECTIVE DATE	EXPIRATION DATE	ACCT#: DIRECT BILL AGENCY BILL	MAIL POLICY TO AGENT MAIL POLICY TO APPL PAYMENT PLAN

RESIDENCE	CURRENT RESIDENCE IS	OWNED	RENTED	GARAGING ADDRESS IF DIFF FROM ABOVE (Inc county & ZIP)
YRS AT ADDR CURR	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 / SURCHARGES			VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS / 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				\$	\$	\$	\$
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$
UNINSURED/UNDERINSURED 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 THE 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 and other insurers.)													
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			