

PRODUCER The Lynam Agency 227 Main Street Bar Harbor ME 04609 207-288-3334 CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID _____		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> CO/PLAN: Miscellaneous POL#: QTE ACCT#: _____ <input checked="" type="checkbox"/> NEW EFFECTIVE DATE _____ EXPIRATION DATE _____ <input type="checkbox"/> RNWL	
		FACILITY CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	TELEPHONE NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

RESIDENCE		CURRENT RESIDENCE IS	OWNED	RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)					
YRS AT ADDR CURR	PREV	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 WK/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														1	2	3	4	5	6		
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 & dependents (licensed or not) and regular operators]												
NAME	SEX	MAR STAT	RELATION TO APPLICANT	DATE OF BIRTH	OCCUPATION	DATE LIC	STD T >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 OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	BI OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE				

ADDITIONAL INTEREST				TESTA-1					
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		YRS EMPL		
CO-APPLICANT'S EMPLOYER			ADDRESS OF EMPLOYMENT		WORK PHONE NUMBER		YRS EMPL		
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/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 3 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: 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.						
EFFECTIVE DATE		EXPIRATION DATE							
TIME		12:01 AM							
		NOON							
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 PROCESS. 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)									