

<input type="checkbox"/> Agency Renewal Pay Plan	<input type="checkbox"/> Regular Pay Plan
<input type="checkbox"/> Preferred Pay Plan	

Down Payment \$ \_\_\_\_\_

**ITC Demo PDF Test**

5525 LBJ FREEWAY; P.O. BOX 809059 DALLAS, TEXAS 75380-9059 PHONE: 1-800-442-3492

**PERSONAL AUTO APPLICATION**

APPLICANT INFORMATION			AGENT INFORMATION	
First Name	MI	Last Name	Agency Code No.	Producer
Mailing Address			Agency Name	
City/County/State/Zip			Mailing Address	
Social Security #			City/State/Zip	
Garaging Location (if different from mailing or if mailing is P.O. Box. Please include County)			How long has applicant lived at this address?	
Home Phone		Business Phone	Agency Phone Number:	

POLICY EFFECTIVE DATE & TERM			DISCOUNTS SELECTED	
Policy Month	Day	Year	Time:	Policy Period:
Effective Date:			<input type="checkbox"/> AM	<input type="checkbox"/> 12 Months
Expiration Date:			<input type="checkbox"/> PM	<input type="checkbox"/> 6 Months
			Appropriate Documentation Must Be Attached. Responsible Driver	
			<input type="checkbox"/> Homeowners	
			<input type="checkbox"/> Multi-Car	

PRIOR COVERAGE INFORMATION			
Name of prior auto carrier:	Prior Liability Limits:	Policy No.:	Cancel/Expiration Date:

VEHICLE DESCRIPTION											
VEHICLE NO.	YEAR MODEL	MANUFACTURER	MODEL	BODY STYLE	VIN	REC. DEVICE	BUSINESS USE	SYMBOL	TERR	CLASS	POINTS
1											
2											
3											
4											
5											
6											

LIENHOLDER INFORMATION			
VEHICLE NO.	NAME	ADDRESS	CITY/STATE/ZIP
1			
2			
3			
4			
5			
6			

IS AN SR-22 REQUIRED?  YES  NO Driver Name: \_\_\_\_\_ Reason: \_\_\_\_\_ SR-22 fee \_\_\_\_\_  
Case Number: \_\_\_\_\_

COVERAGE INFORMATION												
COVERAGES		LIMIT OF LIABILITY						PREMIUMS				
		VEH. 1	VEH. 2	VEH. 3	VEH. 4	VEH. 5	VEH. 6	VEH. 1	VEH. 2	VEH. 3	VEH. 4	
Bodily Injury Liability	\$											
	\$											
Property Damage Liability	\$											
Medical Payments Coverage	\$											
Personal Injury Protection	\$											
Uninsured/Underinsured Motorists Bodily Injury	\$											
Uninsured/Underinsured Motorists Property Damage	\$											
Comprehensive (Other than Collision)												
Collision DEDUCTIBLE:												
Rental Reimbursement (Endt. 523C)												
Towing & Labor (Endt. 524A)								\$Per Disablement				
Mexico Coverage - Limited (Endt. 551)												
Additional Equipment (Endt. 521A) (Must be described in detail on the back of the application.)												
<b>COMPANY USE ONLY</b>		TOTAL PREMIUM PER VEHICLE:										
UNDERWRITER		AUTO THEFT PREVENTION AUTHORITY FEE:										
ENDORSEMENTS: DATE		POLICY FEE (Fully Earned Upon Issuance of the Policy)										
DISCOUNT CODES:		TOTAL PREMIUM:										

PLEASE ATTACH A COPY OF YOUR QUOTE