

# Progressive Personal Auto Application

Upon completion please fax application to our office at 866-433-4331

Allied General Agency  
1100 Locust Street, Dept 2002, Des Moines, IA 50391-2002  
Phone: 888-364-3434  
Fax: 866-433-4331

Proposed Effective Date: \_\_\_\_\_

## Agent's Information:

Name: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## Insured Information:

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Does the insured have an e-mail address they would like to share?  Yes  No

If yes, please provide: \_\_\_\_\_

## Primary Residence:

Own Home/ Condo

Own Mobile Home 10 years or newer

Rent

Live with Parents

Other

## How long has insured lived at their current address?

2 months or less

More than 2 months but less than 1 year

1 year or more

## Underwriting Information

Has insured/spouse had continuous vehicle liability for the past 6 months with no more than a 30 day lapse in coverage:  Yes  No Number of years with most recent carrier: \_\_\_\_\_

## Proof of Prior Insurance Questions:

Does the insured currently have insurance?  Yes  No

If yes, please provide the following information for their current carrier:

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Liability Limits: \_\_\_\_\_

## Other questions:

Insured/Spouse has another in force Drive/Progressive non auto (Boat, ATV, etc.) policy?  Yes  No

Apply paperless discount?\*  Yes  No

Is this a second policy for a 5+ car risk?  Yes  No

\*Select Yes, if the insured is interested in receiving their policy documents via e-mail. A valid e-mail address is required at the time of sale. The insured will still continue to receive paper mail until they review and accept the terms and conditions. **Note:** The insured must log into progressiveagent.com within 45 days and complete the Paperless enrollment to continue to receive the discount.

**Vehicle Information – Vehicle #: \_\_\_\_\_**

VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Garaging zip: \_\_\_\_\_

Primary Use of Vehicle:  Pleasure  Business  Artisan  Commute  Farm

Vehicle used for delivery(for a fee unacceptable):  Yes  No

Snowplow  Yes  No

Anti Theft  Yes  No

Comp/Coll  Yes  No      Comprehensive deductible:  100  250  500  1000  2000

Collision Deductible:  100  250  500  1000  2000

Value of Custom Parts & Equipment:

Purchase date:

**Loss Payee Information**

**Vehicle #** \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Vehicle Information – Vehicle #: \_\_\_\_\_**

VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Garaging zip: \_\_\_\_\_

Primary Use of Vehicle:  Pleasure  Business  Artisan  Commute  Farm

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Collision Deductible:  100  250  500  1000  2000 :

Value of Custom Parts & Equipment:

Purchase date:

**Loss Payee Information**

**Vehicle #** \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Vehicle Information – Vehicle #: \_\_\_\_\_**

VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

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Value of Custom Parts & Equipment:

Purchase date:

**Loss Payee Information**

**Vehicle #** \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Vehicle Information – Vehicle #: \_\_\_\_\_**

VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Garaging zip: \_\_\_\_\_

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Collision Deductible:  100  250  500  1000  2000

Value of Custom Parts & Equipment:

Purchase date:

**Loss Payee Information**

**Vehicle #** \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Driver Information**

**Driver #1:**

Name: \_\_\_\_\_ Marital Status:  Married  Single

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver Status:  Rated  Non Rated  Excluded  Out Of Country  under 21 never licensed

Is this driver the principal driver?  Yes  No

Drivers License Status:  Valid  Permit/Not Yet Licensed  Suspended  Permanently Revoked  Expired  
 Not Licensed  Business/Commercial

State Filing (ex.SR22):  Yes  No

If yes, please provide the following: State: \_\_\_\_\_ Type:  none  owner/Operator  Operator

Agent issued  Yes  No Driver filing date: \_\_\_\_\_ Case: \_\_\_\_\_

Accidents and Violations:  Yes  No If yes, please provide date and type: \_\_\_\_\_

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**Driver #2:**

Name: \_\_\_\_\_ Marital Status:  Married  Single

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver Status:  Rated  Non Rated  Excluded  Out Of Country  under 21 never licensed

Is this driver the principal driver?  Yes  No

Drivers License Status:  Valid  Permit/Not Yet Licensed  Suspended  Permanently Revoked  Expired  
 Not Licensed  Business/Commercial

State Filing (ex.SR22):  Yes  No

If yes, please provide the following: State: \_\_\_\_\_ Type:  none  owner/Operator  Operator

Agent issued  Yes  No Driver filing date: \_\_\_\_\_ Case: \_\_\_\_\_

Accidents and Violations:  Yes  No If yes, please provide date and type: \_\_\_\_\_

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Second named insured:  Yes  No

Driver #3:

Name: \_\_\_\_\_ Marital Status:  Married  Single

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver Status:  Rated  Non Rated  Excluded  Out Of Country  under 21 never licensed

Is this driver the principal driver?  Yes  No

Drivers License Status:  Valid  Permit/Not Yet Licensed  Suspended  Permanently Revoked  Expired  
 Not Licensed  Business/Commercial

State Filing (ex.SR22):  Yes  No

If yes, please provide the following: State: \_\_\_\_\_ Type:  none  owner/Operator  Operator

Agent issued  Yes  No Driver filing date: \_\_\_\_\_ Case: \_\_\_\_\_

Accidents and Violations:  Yes  No If yes, please provide date and type: \_\_\_\_\_

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Second named insured:  Yes  No

Driver #4:

Name: \_\_\_\_\_ Marital Status:  Married  Single

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver Status:  Rated  Non Rated  Excluded  Out Of Country  under 21 never licensed

Is this driver the principal driver?  Yes  No

Drivers License Status:  Valid  Permit/Not Yet Licensed  Suspended  Permanently Revoked  Expired  
 Not Licensed  Business/Commercial

State Filing (ex.SR22):  Yes  No

If yes, please provide the following: State: \_\_\_\_\_ Type:  none  owner/Operator  Operator

Agent issued  Yes  No Driver filing date: \_\_\_\_\_ Case: \_\_\_\_\_

Accidents and Violations:  Yes  No If yes, please provide date and type: \_\_\_\_\_

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Second named insured:  Yes  No

**Coverages**

**BI/PD Limits**

- |                                    |                                     |                                      |                                   |                                   |
|------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> None      | <input type="checkbox"/> 15/30/25   | <input type="checkbox"/> 25/50/25    | <input type="checkbox"/> 30/60/10 | <input type="checkbox"/> 30/60/30 |
| <input type="checkbox"/> 50/100/25 | <input type="checkbox"/> 100/300/50 | <input type="checkbox"/> 250/500/100 | <input type="checkbox"/> 100 CSL  | <input type="checkbox"/> 300 CSL  |
| <input type="checkbox"/> 500 CSL   | <input type="checkbox"/> 750 CSL    | <input type="checkbox"/> 1000 CSL    |                                   |                                   |

**UM/UIM**

- |                                    |                                     |                                      |                                   |                                   |
|------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> None      | <input type="checkbox"/> 15/30/25   | <input type="checkbox"/> 25/50/25    | <input type="checkbox"/> 30/60/10 | <input type="checkbox"/> 30/60/30 |
| <input type="checkbox"/> 50/100/25 | <input type="checkbox"/> 100/300/50 | <input type="checkbox"/> 250/500/100 | <input type="checkbox"/> 100/100  | <input type="checkbox"/> 300/300  |
| <input type="checkbox"/> 500/500   | <input type="checkbox"/> 750/750    | <input type="checkbox"/> 1000/1000   |                                   |                                   |

**Medical-AZ, NE, KS, IA, SD, NM**

- |                              |                               |                               |                               |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 500 | <input type="checkbox"/> 1000 | <input type="checkbox"/> 2000 | <input type="checkbox"/> 5000 |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|

**PIP- KS, UT, MN**

- |                               |                                |                                |
|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 4500 | <input type="checkbox"/> 10000 | <input type="checkbox"/> 25000 |
|-------------------------------|--------------------------------|--------------------------------|

**Additional Coverages:**

- |                 |                                 |                                   |                               |
|-----------------|---------------------------------|-----------------------------------|-------------------------------|
| <b>Rental</b>   | <input type="checkbox"/> 30 Day | <input type="checkbox"/> 40 Day   | <input type="checkbox"/> None |
| <b>Roadside</b> | <input type="checkbox"/> None   | <input type="checkbox"/> Selected |                               |
| <b>Payoff</b>   | <input type="checkbox"/> None   | <input type="checkbox"/> Selected |                               |

Rental Reimbursement provides coverage for rental car costs to temporarily replace an insured auto due to a covered loss. Please review the policy contract for complete coverage information. Rental Reimbursement may be purchased for any vehicle covered by Collision coverage.

Roadside coverage provides payment for an authorized service representative to provide (1) towing of a covered disabled vehicle to the nearest qualified repair facility and (2) labor on a covered disabled vehicle at the place of disablement when necessary due to a covered emergency. Please review the policy contract for complete coverage information.

Loan/Lease Payoff Coverage is available to customers where there is a lien holder listed for the vehicle. The lien holder must be a financial institution, not an individual. The coverage may only be purchased if there is also Comprehensive and Collision Coverage on the vehicle. It pays the difference between the actual cash value of the vehicle at the time of a total loss (minus the comprehensive or collision deductible and the salvage value if you or the owner keep the vehicle) and any greater amount you owe under a loan or lease agreement (minus unpaid finance charges, excess mileage charges, and any other charges or expenses associated with the loan or lease). The payoff cannot exceed 25% of actual cash value of the vehicle at the time of total loss.

**Additional Insured Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_