



FL ONLY- Monoline Auto Application

Email Applications to: PLsubmissions@bridgespecialty.com

Agent / Submission Information:

AgentName	Agency Name & Code	
Phone	Email	
Effective Date	Expiration Date	
Current Carrier	Years with prior carrier	Prior BI limits

Applicant(s):

Insured Name	Gender	Marital	Date of Birth	Occupation
Co-Insured Name	Gender	Marital	Co-Insd DOB	Co-Insured Occupation

Mailing Address

Garaging Address if different from above

Prior address if at current for less than 3 years

Drivers & Autos:

Driver Name	Date of Birth	License number	State	Primary vehicle
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Personal Lines Application

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Year	Vehicle Make	Vehicle Model	VIN #	State	Usage	Annual Miles
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Auto Limits & Deductibles

Split Limits	Combined Single Limit	Property Damage
Collision Deductible	Comp Deductible	PIP
Uninsured Motorist	UM Stacked / Non-stacked	Med Pay
Roadside Assistance	Rental	Gap / Loan Lease

Accidents:

At fault within 3 years:	Yes	No	If yes, Driver name:	Date of loss:
Not at fault within 3 year:	Yes	No	If yes, Driver name:	Date of loss:

Discounts:

Good Student - Drive #	Driver Training - Driver #	Away at school - Driver #	Highest level of education
EFT Discount: Yes	No	Paid in full: Yes	No
Paperless: Yes	No	Quote with telematics: Yes	No
			Homeowners / Renters: Yes No

Signatures

Applicant signature	Date
Producer signature	Date