

## Applicant's Information

First Name *	:	Address *	:	
Middle Name	:	Apt, Fl, Block #	:	Town / City *
Last Name *	:	State *	:	Zip Code *
E-mail *	:	Phone Number	:	Cell Number *

  

Primary Residence *	:	Method of contact	:	Phone	E-mail
When would you like new policy to begin? *	:	Did someone refer us ?	:		
Duration of the policy? *	:				
What date does your current Auto policy expire? *	:	Current Policy Rate \$	:		
Current Liability Limits (if unsure, select state minimum) *	:	Credit Check permission ?	:	Yes	No
Current Auto Insurance Company *	:				

## Drivers

	Driver 1	Driver 2	Driver 3	Driver 4
First Name *	:			
Last Name *	:			
Date of Birth (mm/dd/yyyy) *	:			
Gender *	:			
Marital Status *	:			
Social Security Number (SSN)	:			
Driver's License Status *	:			
Driver's License Number *	:			
Driver's License State *	:			
Age the driver received their license (US or Canada)*	:			
Highest degree of education completed	:			
Occupation Industry *	:			
Occupation Title *	:			
Driver's license been suspended or revoked in past 5 years, ? *	Yes No	Yes No	Yes No	Yes No
Driver requires SR-22 Financial Responsibility Statement?	Yes No	Yes No	Yes No	Yes No

## Vehicle Selection

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
VIN (Vehicle Identification Number)*	:			
Vehicle Year *	:			
Vehicle Make *	:			
Vehicle Model	:			
Body Style	:			
Current Milage *	:			
Who is the primary driver of this vehicle? *	:			
What is this vehicle primarily used for? *	:			
Average one-way mileage (to work or school)	:			
Average number of days per week used *	:			
Average number of weeks per month used *	:			
Approximate annual mileage *	:			
Is this vehicle used at all for delivery? *	Yes No	Yes No	Yes No	Yes No
Is there any damage present on this vehicle? *	Yes No	Yes No	Yes No	Yes No
Purchase Date *	:			
Ownership Type *	:			

  

Lender Information (if Leased or Financed)	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Account Number	:			
Lender Name	:			
Lender Address	:			

Incidents	Incident 1	Incident 2	Incident 3	Incident 4
Date of Incidents within past 5 (five) years *	:			
Driver operating the vehicle during the accident	:			
Incident Type *	:			
For Accident				
Description *	:			
Vehicle Involved in the Incident *	:			
Amount of Property Damage paid out \$ *	:			
Amount of Bodily Injury paid out \$ *	:			
For Violation				
Description *	:			
Vehicle Involved in the Incident *	:			
Comprehensive Loss				
Description *	:			
Vehicle Involved in the Incident *	:			
Loss Paid in \$ *	:			

Coverages						
Liability (Bodily Injury)	Liability (Property)	Coprehensive Deductible	Collision Deductible	Uninsured/ Underinsured Motorist	PIP - Personal Injury Protection	Rental Car
15K/30K	\$5.000	\$0	\$0	15K/30K/5K	\$15.000	\$20/Day
\$25K/\$50K	\$10.000	\$50	\$50	\$25K/\$50K/\$25K	\$50.000	\$25/Day
\$50K/\$100K	\$15.000	\$100	\$100	\$50K/\$100K/\$50K	\$75.000	\$30/Day
\$100K/\$200K	\$20.000	\$200	\$200	\$100K/\$300K/\$100K	\$150.000	\$40/Day
\$100K/\$300K	\$25.000	\$250	\$250	\$250K/\$500K/\$100K	\$250.000	\$50/Day
\$300K/\$300K	\$50.000	\$500	\$500			\$75/Day
\$250K/\$500K	\$100.000	\$750	\$750			\$100/Day
\$300K/\$500K		\$1.000	\$1.000			
\$300K CSL*		\$2.500	\$2.500			
\$500K CSL*						
*CSL (Combined Single Limit)      Do you want Emergency Roadside Assitance ?      :      Yes      No						
Any additional information, comments or concerns? :						
*** ALL VEHICLES MUST CARRY SAME LIABILITY/UNINSURED MOTORIST COVERAGE ***						
THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE. ADDITIONAL INFORMATION MAY BE REQUIRED.						