

Automobile Insurance

I. NAME(S) OF ALL THOSE TO BE INSURED

1) _____

2) _____

3) _____

GARAGING ADDRESS: _____

II. DRIVERS

Driver #1

Name	Date of Birth	State / Drivers License #

Driver #2

Name	Date of Birth	State / Drivers License #

Driver #3

Name	Date of Birth	State / Drivers License #

• For additional drivers, please print this page and fill in all household drivers

III. DISCOUNTS

STUDENT DRIVER: Y / N STUDENT MORE THAN 100 MILES FROM HOME: Y / N G.P.A (A/B) AVERAGE: Y / N

COMPLETED DRIVER TRAINING COURSE: Y / N -- DATE: _____ (DISCOUNT)

ADULT DEFENSIVE DRIVER COURSE: Y / N -- DATE: _____ (DISCOUNT)

MULTIPLE POLICY DISCOUNT: Y / N

PREMIUM PAID IN FULL DISCOUNT: Y / N

IV. VEHICLE INFORMATION

Automobile #1

Make	Model	Year	VIN #

- VEHICLE OPERATOR: _____ ANNUAL MILES: _____ HYBRID VEHICLE: Y / N
- NAME + ADDRESS OF AUTO LEASE/FINANCE COMPANY: _____
- FULL GLASS: Y / N --- LOAN LEASE GAP COVERAGE: Y / N

Automobile #2

Make	Model	Year	VIN #

- VEHICLE OPERATOR: _____ ANNUAL MILES: _____ HYBRID VEHICLE: Y / N
- NAME + ADDRESS OF AUTO LEASE/FINANCE COMPANY: _____
- FULL GLASS: Y / N --- LOAN LEASE GAP COVERAGE: Y / N

Automobile #3

Make	Model	Year	VIN #

- VEHICLE OPERATOR: _____ ANNUAL MILES: _____ HYBRID VEHICLE: Y / N
- NAME + ADDRESS OF AUTO LEASE/FINANCE COMPANY: _____
- FULL GLASS: Y / N --- LOAN LEASE GAP COVERAGE: Y / N

**For additional Vehicles, please print this page and list all vehicles that need coverage*

V. CURRENT COVERAGE

CURRENT CARRIER: _____ DATES OF COVERAGE: _____

CURRENT LIABILITY LIMITS: _____ PROPERTY DAMAGE LIMITS: _____
 (Example: \$100,000 / \$300,000) (Example: \$100,000)

COMPEHENSIVE DEDUCTIBLE: _____ COLLISION DEDUCTIBLE: _____
 (Example: \$1,000) *waived for glass: Y / N (Example: \$1,000)

RENTAL REIMBURSEMENT: _____
 (Example: \$30 a day / 30 days)

VI. ACCIDENTS / VIOLATIONS (Please list ANY and all accidents or violations in the past (5) years)

Date: _____ TYPE: _____

Date: _____ TYPE: _____

Date: _____ TYPE: _____