

AUTOMOBILE NEW BUSINESS INFORMATION

Name Insureds: _____

Mail Address: _____ Tele. # _____

Garage Location: same as above or _____

<u>Names / Dates of Birth / License Numbers - all drivers:</u>	<u>Away at school?</u>	<u># miles</u>	<u>w/car?</u>
1) _____	Y N	_____	Y N
2) _____	Y N	_____	Y N
3) _____	Y N	_____	Y N
4) _____	Y N	_____	Y N
5) _____	Y N	_____	Y N

Insured's Occupations: _____

Education Levels: _____

VEHICLES:

<u>Year/ Make :</u>	<u>VIN #</u>	<u>Usage</u>	<u>Driver #</u>
1) _____	_____	P B Wk-# miles _____	_____
2) _____	_____	P B Wk-# miles _____	_____
3) _____	_____	P B Wk-# miles _____	_____
4) _____	_____	P B Wk-# miles _____	_____
5) _____	_____	P B Wk-# miles _____	_____

List any violations &/or accidents for any driver within the last 5 years:

Driver _____ Incident(s): _____
 Driver _____ Incident(s): _____
 Driver _____ Incident(s): _____
 Driver _____ Incident(s): _____

All vehicles registered to name insured? Y N Explain: _____

Any other relatives/non-relatives in HH that may drive any vehicles? Y N Explain: _____

Any vehicles furnished by an employer for regular use? Y N (offer extended non-owned liability)

Current carrier: _____ Exp. Date: _____ Premium: _____

How did you happen to call upon us? _____ Reason for shopping: _____

Current limits of liability: BI: 50/100 100/300 250/500 500/500 300csl 500csl
 PD: 50,000 100,000 250,000
 Med Pay: 2,000 5,000 10,000 other: _____
 Comprehensive ded.: none \$50 \$100 \$200 \$250 \$500 \$1000
 Full glass coverage? Y N
 Collision ded.: \$100 \$200 \$250 \$500 \$1000
 Is loan/lease coverage wanted? Y N If so, which vehicle(s): _____
 Rental reimbursement coverage: Y N Limit: \$20/day \$30/day \$40/day \$50/day
 Towing coverage? Y N Limit: \$25 \$50 \$75 \$100
 List any special endorsement packages included: _____

INFORM PROSPECTS: To obtain a competitive quote, most carriers we represent run a number of reports which look at claim, driving and credit information. Do we have your permission to run these reports? Y N