

Auto Insurance Proposal (no obligation)

Please complete the form, detach at the perforation, fold and tape closed before mailing.

Name _____ Date of Birth _____

Address _____

City _____ State _____ County _____ Zip _____

Home Phone _____ Business Phone _____

Employer _____ Occupation _____

Spouse's Employer _____ Occupation _____

Present Insurance Company _____ Expiration Date: Month ____ Day ____ Year ____

Good Student Discount: Are there any youthful drivers who are full-time students who rank in the upper 20% of their class (B average)?

If so, list first names _____

(A copy of a current grade card or certification will be required later if you decide to buy.)

IF YOU QUALIFY FOR A QUOTATION, WE'LL MAIL IT TO YOU PROMPTLY.

CAR	Year	Make (Chevrolet, Ford, etc.)	Model (Blazer, Taurus, etc.)	Vehicle identification number	No. of miles driven a year	Days a week driven to work or school	Miles one way	Is car used in employment except to and from work?
1.								
2.								
3.								

*List new cost, including equipment. Pickup Camper Motor Home Van

List all Resident Drivers (Include Yourself)	Birthdate			Sex	Marital Status	No. Years Driving	% of Miles Driven			Driver Training	
	Month	Day	Year				Car #1	Car #2	Car #3	Yes	No
1.											
2.											
3.											
4.											
						Total	100%	100%	100%		

CAR	Liability Coverage	Collision Deductible	Comprehensive Deductible	Driver's License - State & Number	Primary SS# _____
1.	\$			1. _____	
2.	\$			2. _____	
3.	\$			3. _____	
4.	\$			4. _____	

Has any driver been convicted for driving while intoxicated, or had a license suspended or revoked in the past 3 years? Yes [] No []

Has any driver had an accident (regardless of fault) or moving traffic conviction in the past 3 years? Yes [] No []

If Yes	How Many	Which Driver	When	Describe briefly, cost or damage and who paid comprehensive claims