

CUSTOMER INSURANCE UPDATE—AUTO

Applicant's first name _____ Last Name _____ Social Security Number _____

Mailing address _____ City _____ State _____ Zip _____ County _____

Home phone (____) _____ Business phone (____) _____ ext. _____ Email _____

Residence type (check one) Home-owned Condo-owned Rented Home/Condo Apartment Other _____

Number of years/months at present address ____ / ____ If less than 2, number of years at prior address ____ / ____ Prior address _____

Prior auto insurance (required): Carrier _____ Policy number _____

Liability limits _____ Duration of policy _____

DRIVER INFORMATION

	Name	SS#	DOB	Gender M/F	Marital Status	Highest level of education	DL #, state date of issue	Year 1st Licensed	License revoked or suspended in the last 5 years? If yes, # of days
1	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____

of children in the household ____ Ages: Males _____ Females _____ Have all drivers under 21 completed driver training? Yes ____ No ____

Driver	Occupation	Employer	Business	Years/Months at current employer	Previous occupation (if less than 2 years)	Years/Months at previous occupation
1	_____	_____	_____	____/____	_____	____/____
2	_____	_____	_____	____/____	_____	____/____
3	_____	_____	_____	____/____	_____	____/____
4	_____	_____	_____	____/____	_____	____/____

VEHICLE DETAIL

Auto	Make	Model	Year	Vin (required)	% each driver uses this vehicle				Anti-theft Y/N	Anti-lock brakes Y/N	Drive to work or school?	Miles 1-way	Annual miles	Odometer reading
					Driver 1	Driver 2	Driver 3	Driver 4						
1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

Does any car have damaged glass (Y/N) If yes, which car _____

Are any autos used for business, farm or utility purposes? Please list which _____

Are any vehicles garaged at a different location? If yes, please give address _____

ACCIDENTS/VIOLATIONS

Driver	# of at-fault accidents	# of not at-fault accidents	# of traffic violations	Type of accident or violation?	Date of accident or violation	Place of accident or violation	At-fault? (Y/N)	Vehicle involved	Bodily or death injury	Amount paid out
1	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Has any driver ever been canceled, non-renewed or declined insurance? If yes, please explain _____

SIGNATURE _____

DATE _____