



**You are just 12 questions away from GREAT SAVINGS!**

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone # (\_\_\_\_) \_\_\_\_\_ Business phone # (\_\_\_\_) \_\_\_\_\_  
 Alternate phone # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**1. CAR INFORMATION**

	Car #1	Car #2	Car #3
Year of Car _____			
Make _____			
Model & Submodel _____			
Color _____			
Vehicle Identification Number (found on your registration) _____			
Body Type (2dr/4dr/Hatchback/Station Wagon) _____			
Circle if _____	<b>Turbo</b> <b>Convertible</b>	<b>Turbo</b> <b>Convertible</b>	<b>Turbo</b> <b>Convertible</b>
Date of Purchase _____	/ /	/ /	/ /
Mileage when purchased _____			
Car titled to _____			
Car registered to _____			
License plate # _____			
Is Vehicle garaged at above address? _____	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>
Vehicle garaged at night? (Circle one) _____	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>
Days per week driven to work, school or train station _____ One-way driving distance _____			
Vehicle used to make business calls or deliveries? (Circle one) _____	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>
Exact odometer reading (miles on car today) _____			
Estimated annual mileage _____			

**2. HOUSEHOLD & DRIVER INFORMATION**

Name of each member in household (whether they drive your car or not)	Relation	Date of birth	Male/Female	Married/Single/Divorced/Separated	Years licensed	Current occupation, job title (indicate if retired or student)	State how each gets to work, train or school	Name & address of employer	Drivers license #	% of car use		
										Car #1	Car #2	Car #3
	SELF											

**3. VIOLATIONS AND/OR ACCIDENTS**

Has any person listed above had any moving violations and/or accidents within the past 3½ years?  Yes  No If yes, please explain \_\_\_\_\_

**INSURANCE INFORMATION**

<p>4. Describe any losses due to theft, fire, vandalism, glass, etc. incurred in the last 3½ years. If none, state NONE _____</p> <p>5. Are you presently insured? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Date present policy expires _____                  Present insurance carrier _____                  Years with present carrier _____ Policy number _____                  Name(s) on policy _____</p> <p>6. Has your insurance ever been <input type="checkbox"/> Cancelled <input type="checkbox"/> Non-renewed <input type="checkbox"/> Declined <input type="checkbox"/> Not applicable                  If yes, please explain _____</p>	<p>7. Has any household member's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, please explain _____</p> <p>8. Do you or your spouse own any other car? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, what type of car and who is the insurer? _____</p> <p>9. Is any car financed? <input type="checkbox"/> Yes <input type="checkbox"/> No Any Car leased? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Is your residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Co-op                  Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent</p> <p>11. Years at current address _____ If less than 5 years list previous address _____</p> <p>12. Would you like someone to contact you about our low cost homeowners/renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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I understand that completion of this application does not commit me to accept any policy, nor the company to issue one. I represent that all statements contained in this application are true and are intended to induce the company to issue a policy to me.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation".

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_