

Please take a few minutes to fill out this form. Thank you.

1. Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State NY Zip \_\_\_\_\_  
 2. Home phone # (\_\_\_\_) \_\_\_\_\_ Business phone # (\_\_\_\_) \_\_\_\_\_

**3. 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/Stat. wgn.) _____			
Circle if applicable _____	Turbo Convertible Louvers Spoiler	Turbo Convertible Louvers Spoiler	Turbo Convertible Louvers Spoiler
Date of purchase _____	/ /	/ /	/ /
Mileage when purchased _____			
Cat titled to _____			
Car registered to _____			
License plate # _____			
Vehicle garages at night? Circle one _____	Yes No	Yes No	Yes No
Days per week driven to work, school, or train station _____			
One-way driving distance _____			
Vehicle used to make business calls or deliveries? Circle one _____	Yes No	Yes No	Yes No
Exact odometer reading (miles on car today) _____			
Estimated annual mileage _____			

**4. 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 (indicated 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											

**5. VIOLATIONS AND / OR ACCIDENTS**

Has any person listed above had any moving violations and/or accidents within the past 3 1/2 years?  Yes  No  
 If yes, please explain \_\_\_\_\_

**INSURANCE INFORMATION**

6. Describe any losses due to theft, windstorm, hail, flood, fire, vandalism, glass, etc. incurred in the last 3 1/2 years. If none, state none. \_\_\_\_\_  
 \_\_\_\_\_  
 7. Are you presently insured?  Yes  No Date present policy expires / / \_\_\_\_\_  
 8. Present insurance carrier \_\_\_\_\_  
 Policy number \_\_\_\_\_ Years with \_\_\_\_\_  
 Policy in whose name? \_\_\_\_\_  
 9. Has your Insurance ever been  Cancelled  Non-renewed  Declined  Not applicable  
 If yes, please explain \_\_\_\_\_  
 10. Has anyone's license ever been suspended or revoked?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 11. Do you own any other car?  Yes  No  
 If yes, what type of car and who is the insurer? \_\_\_\_\_  
 \_\_\_\_\_  
 12. Is any car financed?  Yes  No Leased?  Yes  No  
 13. Is your residence:  House  Apartment  Condo  Co-op  
 Do you:  Own  Rent  
 14. Years at current address \_\_\_\_\_  
 15. Previous address if less than 5 years at current address \_\_\_\_\_  
 \_\_\_\_\_  
 16. Would you like to hear about our low cost homeowners insurance?  Yes  No

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: \_\_\_\_\_ Date: \_\_\_\_\_ TS311A