

**Agency Information:** FINO Services LLC

Applicant's information

First Name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

DOB: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Level of studies: \_\_\_\_\_

Is there someone else driving the vehicles besides the applicant? If Yes, please choose:

Spouse ☐ Occupation: \_\_\_\_\_ Level of studies: \_\_\_\_\_

Son ☐ ☐ ☐ Occupation: \_\_\_\_\_ Level of studies: \_\_\_\_\_

Daughter ☐ ☐ ☐ Occupation: \_\_\_\_\_ Level of studies: \_\_\_\_\_

Other ☐ Occupation: \_\_\_\_\_ Level of studies: \_\_\_\_\_

Driver's information

|     | First Name | Last Name | Date Of Birth | Gender | Relation To Applicant | License # / State | License Issue Date | Sr22 Required         |
|-----|------------|-----------|---------------|--------|-----------------------|-------------------|--------------------|-----------------------|
| 1.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 2.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 3.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 4.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 5.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 6.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 7.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 8.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 9.  |            |           |               |        |                       |                   |                    | <input type="radio"/> |
| 10. |            |           |               |        |                       |                   |                    | <input type="radio"/> |

Vehicles information

|     | Make | Model | Year | Vin # | How Long Has The Applicant Had This Vehicle? | The Vehicle Is Used Primarily For | Garaging Zip Code |
|-----|------|-------|------|-------|--|-----------------------------------|-------------------|
| 1.  |      |       |      |       |  |                                   |                   |
| 2.  |      |       |      |       |  |                                   |                   |
| 3.  |      |       |      |       |  |                                   |                   |
| 4.  |      |       |      |       |  |                                   |                   |
| 5.  |      |       |      |       |  |                                   |                   |
| 6.  |      |       |      |       |  |                                   |                   |
| 7.  |      |       |      |       |  |                                   |                   |
| 8.  |      |       |      |       |  |                                   |                   |
| 9.  |      |       |      |       |  |                                   |                   |
| 10. |      |       |      |       |  |                                   |                   |

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Full coverage

| Vehicle   | Owned/ Financed | Body Injury (BI)/<br>Property Damage (Pd) | Collision                   | Comprehensive               | Uninsured Motorist          | Underinsured<br>Motorist    |
|-----------|-----------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 2. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 3. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 4. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 5. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 6. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 7. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 8. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 9. _____  | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |
| 10. _____ | _____           | _____ <input type="radio"/>               | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> | _____ <input type="radio"/> |

Additional coverages

| Vehicle   | Rental<br>Reimbursement | Roadside<br>Assistance | Towing And Labor      | Medical Payments      | Personal Injury<br>Protection (Pip) | Gap Insurance         |
|-----------|-------------------------|------------------------|-----------------------|-----------------------|-------------------------------------|-----------------------|
| 1. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 2. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 3. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 4. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 5. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 6. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 7. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 8. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 9. _____  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |
| 10. _____ | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> |

Other questions

How many times do you use the vehicle per week? \_\_\_\_\_

How many miles are there from home to work? \_\_\_\_\_

Please let me know if the prior insurance is personal or commercial. \_\_\_\_\_

What are the limits of liability coverage in prior insurance? \_\_\_\_\_

If you have an LLC, indicate how long you have been with it? \_\_\_\_\_

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Other questions

Current policy

Does the applicant have an Active Policy? \_\_\_\_\_ Effective date of the policy: \_\_\_\_\_

Insurance Company name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Amount: \_\_\_\_\_

Loss payee

If the vehicle is financed, please answer the following questions:

Entity: \_\_\_\_\_

Financial entity phone number: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Address Financial: \_\_\_\_\_

Is the applicant a homeowner? \_\_\_\_\_

Discounts

1. Discount for payment in Full? \_\_\_\_\_

2. Discount for activating EFT? \_\_\_\_\_

3. Discount for owning your own home? \_\_\_\_\_

4. Discount for receiving information via email? \_\_\_\_\_

5. Discount for previous insurance? \_\_\_\_\_

6. Discount for downloading Snapshot? \_\_\_\_\_

7. Discount for multiple policies with the company you will insure? ☐ Yes ☐ No Which ones? \_\_\_\_\_

8. Discount if the customer connects a device to their vehicles so that the company can keep statistics on their driving style and frequency? \_\_\_\_\_

9. Confirm if drivers are good students with grades 3.0 and above. (Must provide proof, applies to those under 23 years old)

10. Confirm if student drivers must travel more than 100 miles from home to the study site (Must provide proof, applies to those under 23 years of age) \_\_\_\_\_

E- Signature

Name

Date