

Automobile Insurance Application

Mountain Valley Auto Insurance • 800-555-7643 • FAX: 303-555-3210 • www.mountainvalleyauto.com

Please complete all sections of this application and attach a copy of your current insurance declarations page

APPLICANT INFORMATION

Name: <i>Michael D. Thompson</i>	Name of co-applicant: <i>Sarah E. Thompson</i>
Address: <i>1842 Pine Ridge Drive</i>	City: <i>Boulder</i>
County: <i>Boulder</i>	State: <i>Colorado</i> Zip: <i>80302</i> Rent/Own: <i>Own</i>
Home Phone Number: <i>(303) 555-4219</i>	Business Phone Number: <i>(303) 555-8765</i>
Email Address: <i>michael.thompson@email.com</i>	

DRIVER INFORMATION

Driver 1	Driver 2	Driver 3
Name: <i>Michael D. Thompson</i>	Name: <i>Sarah E. Thompson</i>	Name: <i>Emma L. Thompson</i>
Marital Status: <i>Married</i>	Marital Status: <i>Married</i>	Marital Status: <i>Single</i>
Gender: <i>Male</i> Date of Birth: <i>06/12/1979</i>	Gender: <i>Female</i> Date of Birth: <i>09/23/1981</i>	Gender: <i>Female</i> Date of Birth: <i>05/17/2007</i>
Date Licensed: <i>03/22/1995</i>	Date Licensed: <i>11/15/1997</i>	Date Licensed: <i>06/05/2023</i>
Driver's License Number & State: <i>T5743218 - CO</i>	Driver's License Number & State: <i>S9156472 - CO</i>	Driver's License Number & State: <i>E8724591 - CO</i>
Social Security Number: <i>527-98-3641</i>	Social Security Number: <i>631-45-8927</i>	Social Security Number: <i>845-27-6193</i>

VEHICLE INFORMATION

Vehicle 1	Vehicle 2	Vehicle 3
Vehicle ID Number (VIN): <i>1HGCV2F34MA007652</i>	Vehicle ID Number (VIN): <i>JM3KFBDM7M0826451</i>	Vehicle ID Number (VIN): <i>5YJ3E1EA8NF214763</i>
Year/Make/Model: <i>2023 Honda Accord</i>	Year/Make/Model: <i>2021 Mazda CX-5</i>	Year/Make/Model: <i>2022 Tesla Model 3</i>
Annual Mileage: <i>12,750</i>	Annual Mileage: <i>9,200</i>	Annual Mileage: <i>2,800</i>
Usage: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commute <input type="checkbox"/> Pleasure <input type="checkbox"/> Other	Usage: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Commute <input type="checkbox"/> Pleasure <input type="checkbox"/> Other	Usage: <input type="checkbox"/> Business <input type="checkbox"/> Commute <input checked="" type="checkbox"/> Pleasure <input type="checkbox"/> Other
Safety Features: <input type="checkbox"/> Basic <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> Custom	Safety Features: <input type="checkbox"/> Basic <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> Custom	Safety Features: <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Premium <input type="checkbox"/> Advanced <input type="checkbox"/> Custom
Air Bags: <input type="checkbox"/> None <input checked="" type="checkbox"/> Full System <input type="checkbox"/> Front Only	Air Bags: <input type="checkbox"/> None <input checked="" type="checkbox"/> Full System <input type="checkbox"/> Front Only	Air Bags: <input type="checkbox"/> None <input checked="" type="checkbox"/> Full System <input type="checkbox"/> Front Only
Security Features: <input type="checkbox"/> None <input checked="" type="checkbox"/> GPS Tracking <input type="checkbox"/> Immobilizer <input checked="" type="checkbox"/> Smart Key <input type="checkbox"/> Basic Alarm <input type="checkbox"/> Theft Recovery	Security Features: <input type="checkbox"/> None <input type="checkbox"/> GPS Tracking <input checked="" type="checkbox"/> Immobilizer <input type="checkbox"/> Smart Key <input checked="" type="checkbox"/> Basic Alarm <input type="checkbox"/> Theft Recovery	Security Features: <input type="checkbox"/> None <input checked="" type="checkbox"/> GPS Tracking <input type="checkbox"/> Immobilizer <input checked="" type="checkbox"/> Smart Key <input type="checkbox"/> Basic Alarm <input checked="" type="checkbox"/> Theft Recovery
Driver Assignment: Driver 1 <i>75%</i> Driver 2 <i>25%</i> Driver 3 <i>0%</i>	Driver Assignment: Driver 1 <i>20%</i> Driver 2 <i>80%</i> Driver 3 <i>0%</i>	Driver Assignment: Driver 1 <i>5%</i> Driver 2 <i>15%</i> Driver 3 <i>80%</i>
Vehicle Garaged at Home Address: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Garaged at Home Address: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Garaged at Home Address: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR INSURANCE DETAILS

Previous Carrier: <i>Alpine Insurance Group</i>	Years with Previous Carrier: <i>6</i>
Bodily Injury Limits: <i>\$250,000/\$500,000</i>	Property Damage Limit: <i>\$100,000</i>
Collision Deductible: <i>\$500</i>	Comprehensive Deductible: <i>\$500</i>

COVERAGE SELECTION

Please select your desired coverage options:

Liability Coverage: <input type="checkbox"/> \$25k/\$50k/\$15k <input type="checkbox"/> \$100k/\$300k/\$50k <input type="checkbox"/> \$300k/\$300k/\$100k <input type="checkbox"/> \$50k/\$100k/\$25k <input checked="" type="checkbox"/> \$250k/\$500k/\$100k <input type="checkbox"/> \$500k/\$500k/\$250k	Medical Payments: <input type="checkbox"/> Decline <input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000
Uninsured/Underinsured Motorist: <input type="checkbox"/> Decline <input type="checkbox"/> \$100k/\$300k <input type="checkbox"/> \$300k/\$300k <input type="checkbox"/> \$25k/\$50k <input checked="" type="checkbox"/> \$250k/\$500k	Comprehensive Deductible: <input type="checkbox"/> Decline <input checked="" type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000
Collision Deductible: <input type="checkbox"/> Decline <input checked="" type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000	Rental Car Coverage: <input type="checkbox"/> Decline <input checked="" type="checkbox"/> \$40/day, \$1,200 max <input type="checkbox"/> \$25/day, \$750 max <input type="checkbox"/> \$50/day, \$1,500 max
Roadside Assistance: <input type="checkbox"/> Decline <input checked="" type="checkbox"/> Premium <input type="checkbox"/> Basic	Glass Coverage: <input type="checkbox"/> Decline <input type="checkbox"/> \$50 Deductible <input checked="" type="checkbox"/> Full Glass

CERTIFICATION & SIGNATURES

I hereby confirm that all information provided in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation may result in denial of coverage or claims.

I acknowledge that the coverage selections made on this application will apply to all future policy renewals, continuations, and changes unless I notify Mountain Valley Auto Insurance in writing.

Applicant's Signature: *Michael D. Thompson* Date: *04/25/2025*

Co-Applicant's Signature: *Sarah E. Thompson* Date: *04/25/2025*