

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

Referred by: \_\_\_\_\_

**GENERAL INFORMATION**

Insured Name (1): \_\_\_\_\_ Insured Name (2): \_\_\_\_\_

Address: \_\_\_\_\_ Township/City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Address: \_\_\_\_\_ Credit Check Permission: ☐ Y ☐ N

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Coverage: ☐ Y ☐ N # Yrs: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Current Rate: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Own Home: ☐ Y ☐ N Rent Home: ☐ Y ☐ N Live with Parents: ☐ Y ☐ N Auto/Home Ins. Same Provider: ☐ Y ☐ N

**UNDERWRITING**

DRIVER INFO	1	2	3	4
NAME	_____	_____	_____	_____
OCCUPATION	_____	_____	_____	_____
DRIVERS LIC. #	_____	_____	_____	_____
DATE OF BIRTH	_____	_____	_____	_____
SOCIAL SECURITY#	_____	_____	_____	_____
EDUCATION LEVEL	_____	_____	_____	_____
ANNUAL MILES	_____	_____	_____	_____
MENTAL/PHY IMRMT	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
GOOD STUDENT	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

VEHICLE INFO	1	2	3	4
DRIVER	_____	_____	_____	_____
YEAR	_____	_____	_____	_____
MAKE	_____	_____	_____	_____
MODEL	_____	_____	_____	_____
VIN#	_____	_____	_____	_____
DAMAGE	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SNOW PLOW	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
CUSTOM EQUIP	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**COVERAGE LIMITS**

BI/PD: _____	UM/UIM: _____	UMPD: _____	MP: _____
COMP DED: _____	COLL DED: _____	TOWING: _____	RENTAL: _____
LN/LSE/GAP: _____	RC COV: _____	\$0 GLASS DED: _____	OTHER: _____
UBER/LYFT: <input type="checkbox"/> Y <input type="checkbox"/> N	AMISH TAXI: <input type="checkbox"/> Y <input type="checkbox"/> N	COMPANY CAR: <input type="checkbox"/> Y <input type="checkbox"/> N	PLATINUM CC: <input type="checkbox"/> Y <input type="checkbox"/> N
AAA MEMBER: <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, HOW LONG? _____		AAA MEMBER #: _____	
AARP MEMBER: <input type="checkbox"/> Y <input type="checkbox"/> N AARP MEMBER #: _____			

**NOTES**