## **Personal Auto Insurance Application**

**Full Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

All Drivers Information: Drivers Aged 15 & Older:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name (on the license) | Date of Birth | Drivers License # | Ticket & accidents last 3 years | Year’s of driving exp. in USA & CAN. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Auto Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Make  | Model | Vin #  | Low jack (Y)(N)  | Annual Mileage |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 Prior Insurance For Last 3 Years:

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name | Policy # | Eff/Exp date | Premium |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Limits of insurance:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Liability  | Property damage | Un-insured Liability | Un-insured property | Medical | Comp & collision  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Saving Tip: Workers compensation will provide coverage for employees injury, therefore; you should consider taking Uninsured motorist & medical coverage.