



## AUTO INSURANCE RATING SHEET

Named Insured & Spouse: \_\_\_\_\_

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

Years @ current Address: \_\_\_\_\_ If less than 6, prior address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**Drivers:**

	<i>Name</i>	<i>License #</i>	<i>Social Security #</i>	<i>Date of Birth</i>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

- |                                    |                    |                  |
|------------------------------------|--------------------|------------------|
| 1- Single/Married/Divorced/Widowed | Age Licensed _____ | Occupation _____ |
| 2- Single/Married/Divorced/Widowed | Age Licensed _____ | Occupation _____ |
| 3- Single/Married/Divorced/Widowed | Age Licensed _____ | Occupation _____ |
| 4- Single/Married/Divorced/Widowed | Age Licensed _____ | Occupation _____ |

**Vehicles:**

	<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Vin#</i>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

	<i>Pleasure/Work</i>	<i>Miles to Work</i>	<i>Leased/Financed/Owned</i>	<i>Driver</i>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

- |                     |                |                    |
|---------------------|----------------|--------------------|
| 1- Alarm Type _____ | Odometer _____ | Annual Miles _____ |
| 2- Alarm Type _____ | Odometer _____ | Annual Miles _____ |
| 3- Alarm Type _____ | Odometer _____ | Annual Miles _____ |
| 4- Alarm Type _____ | Odometer _____ | Annual Miles _____ |

**\*Alarm Types\***- Passive/Factory, Lo-jack, Window Etching, Fuel cut-off device.

**Coverage:**

<i>Comp Deductible</i> <i>(ex. None, \$100,\$ 250,\$</i> <i>500, \$750,\$ 1000)</i>	<i>Collision Deductible</i> <i>(ex. None, \$100,\$ 250,\$ 500,</i> <i>\$750,\$ 1000)</i>	<i>Towing</i> <i>(ex. \$50, \$75, \$100)</i>	<i>Rental</i> <i>(ex. \$30, \$50)</i>
1			
2			
3			
4			

**Accidents & Violations** *(in the last 5 years)*

<i>Date</i>	<i>Description</i>	<i>Driver</i>	<i>Payout</i>
1			
2			
3			
4			
5			

**Insurance Information:**

**Current Company-** \_\_\_\_\_ **Policy Period-** \_\_\_\_\_  
**Years w/Company-** \_\_\_\_\_ **Bodily Injury & Property Damage Liability Limits-** \_\_\_\_\_  
**Limitation or No Limitation on Lawsuit Option** \_\_\_\_\_

**Please attach a copy of the current policy.**

- Any lapses in coverage in the last 3 years? If Yes, was it Mid-term or at Renewal- \_\_\_\_\_ How many days/months was the lapse \_\_\_\_\_
- Was the lapse due to Non-Payment of premium or was there NO Need for insurance because you did not own a vehicle? \_\_\_\_\_
- Are there any licensed drivers in your household that are not listed on this quote? \_\_\_\_\_ If Yes, please explain \_\_\_\_\_ If it's because they have their own insurance, you will need to provide their Name, DOB, DL# & proof of their own insurance at the time of application.
- Is anyone's licensed currently Suspended or Revoked? \_\_\_\_\_ If Yes, explain \_\_\_\_\_
- Do you own or rent your residence- \_\_\_\_\_ If own, what is the name of your Homeowners insurance company- \_\_\_\_\_

**Discounts:**

If any of the following Credits apply, please list the Drivers name next to the applicable credit. **\*Please note that proof at the time of application is required for the credit to apply\***

Defensive Driver Course \_\_\_\_\_  
6 Hours Behind the Wheel Drivers Training \_\_\_\_\_  
Good Student- B+ or 3.0 or better (for Full-time Students) \_\_\_\_\_  
2 year College Degree \_\_\_\_\_  
4 year College Degree \_\_\_\_\_