



AUTO INSURANCE RATING SHEET

Named Insured & Spouse: _____
 Address: _____
 Years @ current Address: _____ If less than 6, prior address: _____
 Home #: _____ Cell: _____ Email: _____

Drivers:

	Name	License #	Social Security #	Date of Birth
1	_____	_____	_____	_____
2	_____	_____	_____	_____

1- Single/Married/Divorced/Widowed Age Licensed _____ Occupation _____

2- Single/Married/Divorced/Widowed Age Licensed _____ Occupation _____

Vehicles:

	Year	Make	Model	Vin#
1	_____	_____	_____	_____
2	_____	_____	_____	_____

	Pleasure/Work	Miles to Work	Leased/Financed/Owned	Driver
1	_____	_____	_____	_____
2	_____	_____	_____	_____

Coverage:

	Comp Deductible (ex. None, \$100, \$250, \$500, \$750, \$1000)	Collision Deductible (ex. None, \$100, \$250, \$500, \$750, \$1000)	Towing (ex. \$50, \$75, \$100)	Rental (ex. \$30, \$50)
1	_____	_____	_____	_____
2	_____	_____	_____	_____

Accidents & Violations (in the last 5 years)

	Date	Description	Driver	Payout
1	_____	_____	_____	_____
2	_____	_____	_____	_____

Insurance Information:

Please attach a copy of the current declaration pages or policy

383 N. Kings Highway, P.O. Box 3420, Cherry Hill, NJ 08034 • Phone: 856-482-6200 • Fax: 856-779-7531

*Discounts may apply for good student, driver training and education. Sales representative will discuss further.