AUTO INFORMATION

Please provide the name of your current/ previous insurance carrier –

Date current coverage will renew –

Are you aware of any accidents and/or driving violations for any member of your household within the past 5 years (Y/N)? –

 *If yes, please describe –*

***If you can provide us with your current policy declarations, you do not need to complete the information below***

**For each vehicle to be covered, please provide the following:**

Year –

Make/ Model –

Miles Driven to Work/ 1-Way (or indicate Pleasure Use) –

Principal Operator –

VIN Number –

Would you like physical damage coverage (Comprehensive/ Collision) (Y/N)? –

How is each vehicle titled *(name)*?

Any salvaged or branded titles (Y/N)? –

Are all vehicles garaged at your primary residence (Y/N)? –

 *If no, where are they garaged? –*

Are there any other vehicles supplied by your employer (Y/N)? –

Any vehicles in the household used for ride-sharing activities – Uber, Lyft, SideCar – or are vehicles rented for a fee? (Y/N)? –

 *If yes, please explain –*

Please select Auto Liability limits:

100,000/ 300,000/ 100,000 ( )

250,000/ 500,000/ 250,000 ( )

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Payments limit:

1,000 ( )

2,000 ( )

5,000 ( )

Comprehensive and Collision Deductibles:

0 – Comprehensive ( )/ Collision ( )

100 – Comprehensive ( )/ Collision ( )

250 – Comprehensive ( )/ Collision ( )

500 – Comprehensive ( )/ Collision ( )

1,000 – Comprehensive ( )/ Collision ( )