

Date: \_\_\_\_\_  
 Last Contact \_\_\_\_\_

**Automobile Policy Proposal Information:**

Name Insureds: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Birth #1: \_\_\_\_\_ Date of Birth #2: \_\_\_\_\_

SSN #1: \_\_\_\_\_ SSN #2: \_\_\_\_\_

**Vehicle Info**

Year	Make	Model	Usage/Odometer	Assigned Driver	Owner	Branded Title	Loan
1							
VIN#				Purchase Date		Full or Liability	
2							
VIN#				Purchase Date		Full or Liability	
3							
VIN#				Purchase Date		Full or Liability	
4							
VIN#				Purchase Date		Full or Liability	

**Driver Info:**

Name	DOB	Driver's Lic #	Occupation	Education	Good Student	Def. Driver
1						
2						
3						
4						

**Insurance Information:**

Current Carrier \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Premium: \_\_\_\_\_  
 BI/PD Limits \_\_\_\_\_ Desired Eff. Date: \_\_\_\_\_ Payment Option: \_\_\_\_\_  
 UM/UIM Limits \_\_\_\_\_ How long: \_\_\_\_\_  
 PIP - Stacked or Non-Stacked \_\_\_\_\_  
 Comprehensive Deductible: 100 250 500 750 1000 Full Glass  
 Collision Deductible: 100 250 500 750 1000  
 Towing: N 50 75 100 150 200 Rental: N \$30/day \$40/day \$50/day  
 Uber/Lyft: Y / N Which vehicle: \_\_\_\_\_  
 AAA Member \_\_\_\_\_ VSB Bank Customer \_\_\_\_\_ AARP Member \_\_\_\_\_ Alumni \_\_\_\_\_  
 Umbrella Policy: Y / N  
 Life Insurance: Y / N  
 Claims/Losses: \_\_\_\_\_