

Name	
Mailing Address	
Telephone Number(s)	
Email Address	

Current Company		Expires	
Homeowner - Y/N		Expires	

Your Driving Information:

Birthdate	
Social Security Number	
Driver License Number	
Date & Details of your last ticket	
Date & Details of your last accident	
Any other incidents? or Claims / last 5 years	

Your Spouse/child:

Full Name	
Birthdate	
Social Security Number	
Driver License Number	
Date & Details of your last ticket	
Date & Details of your last accident	

**Bodily Injury Liability:** usually expressed as 100/300; 50/100. It is what the company will pay on your behalf if you are held responsible for a person's injuries, including lost wages and medical expenses. The higher number is the maximum amount the company will pay for all parties; the lower number is the maximum they will pay for any one person.

**Property Damage Liability:** The company will pay for the property of others you damage, including autos, buildings, signs, poles, and glass.

**Medical Payments:** Medical expenses are paid for you or occupants of your vehicle, if you are hurt in, on, or by a motor vehicle. It is a first-dollar benefit (there is no deductible) without co-payments (pays 100% of the normal charges).

**Uninsured and Underinsured Motorists Bodily Injury Liability:** Pays medical expenses, including lost wages, if you or a passenger are hurt in, on, or by a motor vehicle where there is no liability coverage, or the limits of coverage have been used up. It is usually the same amount as your bodily injury liability (after all, won't you give yourself the same level of protection that you are providing others?).

**Uninsured Motorists Property Damage:** Pays to repair your vehicle, usually without a deductible, in the event you are struck by someone who does not carry liability insurance and cannot pay out of pocket.

**Deductible:** The portion of the loss you must pay before the company begins to reimburse your expenses (applies to collision and other than collision coverages).

**Collision:** Pays to repair your auto after it has struck another object, or been struck by another vehicle. Exception: animal collision is covered under other than collision.

**Other than Collision (formerly known as Comprehensive):** Pays to repair your vehicle in the event of fire, theft, vandalism, glass breakage, or other non-moving incidents, such as falling objects. Exception: vehicles struck while parked come under the collision coverage portion of the policy.

Vehicle #1:

Year	
Make	
Model	
Identification Number (17 digits)	

Coverages	Default Limits	Requested Limits (if different)
Bodily Injury Liability	\$ 100,000 per person \$ 300,000 per accident	
Property Damage Liability	\$100,000	
Medical Payments	\$ 25,000	
Other Than Collision Deductible	\$ 100.00	
Collision Deductible	\$ 500.00	
Uninsured/Underinsured Motorists BI	\$ 100,000 per person \$ 300,000 per accident	
Uninsured Motorists PD	\$ 25,000	
Towing Limit	\$ 50.00	
Rental Reimbursement	\$ 30 / Day / 30 Days	

Vehicle #2

Year	
Make	
Model	
Identification Number (17 digits)	

Other than Collision Deductible	
Collision Deductible	
Towing Limits	
Rental Reimbursement	