**This is a request for automobile insurance. It is not an insurance application, nor does it bind insurance coverage. To expedite your quote, please fill in this form as complete as possible. Thank you.**

**Date:**  Click here to enter a date.

**First Name**: Click here to enter text. **Last Name:** Click here to enter text. **Marital Status:** Choose an item.

**Spouse’s First Name:** Click here to enter text. **Spouse’s Last Name:** Click here to enter text.

**Address:** Click here to enter text. **City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Phone Numbers-home:** Click here to enter text.  **Work:** Click here to enter text. **Cell:** Click here to enter text.

**Email Address:** Click here to enter text.

**Own Home:**  [ ]  **Rent:** [ ]  **Live with Parents:** [ ]  **Other:** [ ]

**Current Insurance Company:** Click here to enter text.

**Expiration Date:**

VEHICLE INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Make** | **Model** | **Date Vehicle Purchase (an estimate by month and year is sufficient)** | **Vehicle Identification Number**  | **Vehicle Usage** | **One Way Commute Mileage or Annual Business Mileage** | **Primary Driver of Vehicle** |
| **Auto 1** |   |   | Click here to enter text. | Click here to enter text. | Choose an item. |   | Choose an item. |
| **Auto 2** |   |   | Click here to enter text. | Click here to enter text. | Choose an item. |   | Choose an item. |
| **Auto 3** |   |   | Click here to enter text. | Click here to enter text. | Choose an item. |   | Choose an item. |
| **Auto 4** |   |   | Click here to enter text. | Click here to enter text. | Choose an item. |   | Choose an item. |
| **Auto 5** |   |   | Click here to enter text. | Click here to enter text. | Choose an item. |   | Choose an item. |

 **Are all of the vehicles kept at above address?** [ ]  **Yes** [ ]  **No**

 **If no, which vehicle(s) are kept elsewhere?** [ ]  **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5Address:**Click here to enter text.

 **Are any of the vehicles leased?** [ ] **Yes** [ ] **No**

 **If yes, which vehicle(s)?** [ ] **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5**

**Name & address of leasing company(s):**Click here to enter text.

**Are any of the vehicles financed?** [ ]  **Yes** [ ]  **No**

 **If yes, which vehicle(s)?** [ ] **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5**

**Name & address of lienholder(s):**Click here to enter text.

 **Are any of the vehicles used for business? (hauling tools, delivery services, customer visitations, etc.)** [ ] **Yes** [ ]  **No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Birthdate** | **Marital Status**  | **Relationship** | **Occupation** | **Education** | **Driver’s License #** | **Date Licensed if Driving <4 years** | **SSN** |
| **Driver 1** | Click here to enter text. | **Choose an item.** | **Choose an item.** | Click here to enter text. | **Choose an item.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Driver 2** | Click here to enter text. | **Choose an item.** | **Choose an item.** | Click here to enter text. | **Choose an item.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Driver 3** | Click here to enter text. | **Choose an item.** | **Choose an item.** | Click here to enter text. | **Choose an item.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Driver 4** | Click here to enter text. | **Choose an item.** | **Choose an item.** | Click here to enter text. | **Choose an item.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Driver 5** | Click here to enter text. | **Choose an item.** | **Choose an item.** | Click here to enter text. | **Choose an item.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**If yes, which vehicle(s)?** [ ]  **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5 Type of business use:**Click here to enter text.

**DRIVER INFORMATION**

**Has any driver (age 21 & under) completed a “Behind the Wheel” Training course within past 3 years?** [ ] **Yes** [ ] **No**

**If yes, which driver(s)?** [ ] **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5**

**\*Copy of course completion certificate is not needed for quoting purposes, but is required upon purchase of policy**

**Does any driver currently in school/college maintain an A/B average?** [ ] **Yes** [ ]  **No**

**If yes, which driver(s)?** [ ] **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5**

**\*Copy of most recent report card/transcript is not needed for quoting purposes, but is required upon purchase of policy**

**Is any driver attending a school/college 100+ miles away from home without a vehicle?** [ ] **Yes** [ ]  **No**

**If yes, which driver(s)?** [ ] **1** [ ]  **2** [ ]  **3** [ ] **4** [ ]  **5**

**Name & address of school:**Click here to enter text.

**DRIVING HISTORY (Past 5 years)**

**Has any driver had his/her driver’s license suspended or revoked?**[ ]  **Yes** [ ]  **No**

**If yes, please provide driver name, date of suspension/revocation, and reason for suspension/revocation:**

Click here to enter text.

**Has any driver had any accidents or violations? (list at-fault & not-at-fault accidents)**[ ]  **Yes** [ ]  **No**

**If yes, please provide driver name, date of accident/violation and brief explanation of accident/violation:**

Click here to enter text.

**COVERAGES**

[ ]  **Full Coverage** [ ]  **Liability Only**

**Bodily Injury Liability Limit:** Choose an item. **Property Damage:** Choose an item.

**Uninsured Motorist Limit:** Choose an item.[ ] **Rejected**

**Underinsured Motorist Limit:** Choose an item.[ ] **Rejected**

**Medical Expenses:** Choose an item.[ ] **Rejected**

**Comprehensive Coverage Collision Coverage**

[ ] **Vehicle 1 Deductible:** Choose an item. [ ] **Vehicle 1 Deductible:** Choose an item.

[ ] **Vehicle 2 Deductible:** Choose an item. [ ] **Vehicle 2 Deductible:** Choose an item.

[ ] **Vehicle 3 Deductible:** Choose an item.[ ] **Vehicle 3 Deductible:** Choose an item.

[ ] **Vehicle 4 Deductible:** Choose an item. [ ] **Vehicle 4 Deductible:** Choose an item.

[ ] **Vehicle 5 Deductible:** Choose an item. [ ] **Vehicle 5 Deductible:** Choose an item.

**Towing/Roadside Assistance**

**Coverage Limit:** Click here to enter text.`[ ]  **Vehicle 1** [ ] **Vehicle 2** [ ] **Vehicle 3** [ ] **Vehicle 4** [ ] **Vehicle 5**

[ ] **Reject Towing/Roadside Coverage**

**Rental Reimbursement /Transportation Expenses**

**Coverage Limit:** Click here to enter text.[ ] **Vehicle 1**[ ]  **Vehicle 2**[ ]  **Vehicle 3**[ ]  **Vehicle 4**[ ]  **Vehicle 5**

[ ] **Reject Towing/Roadside Coverage**

**Repair/Replacement Coverage**

\***(Only available for new model year vehicles. Coverage must be on current policy OR vehicle(s) must have been purchased within past 30 days)\***

[ ] **Vehicle 1** [ ]  **Vehicle 2** [ ]  **Vehicle 3** [ ]  **Vehicle 4** [ ]  **Vehicle 5**

**Loan/Lease Gap Coverage**

\***(Only available for new model year vehicles. Coverage must be on current policy OR vehicle(s) must have been purchased within past 30 days)\***

[ ] **Vehicle 1** [ ]  **Vehicle 2** [ ]  **Vehicle 3** [ ]  **Vehicle 4** [ ]  **Vehicle 5**

[ ] **Reject Towing/Roadside Coverage**

**Customized Equipment/Accessory Coverage**

**Coverage Limit:** Click here to enter text.[ ] **Vehicle 1**[ ]  **Vehicle 2**[ ]  **Vehicle 3**[ ]  **Vehicle 4**[ ]  **Vehicle 5**

**List of Custom Equipment/Accessories:**

***Additional Information/Comments:***Click here to enter text.

***As part of the underwriting process, insurance companies will order an insurance score based upon your credit history that will be used to underwrite and price your policy. As allowed by law, they may obtain credit and other consumer reports, such as claims history reports, in connection with your application for insurance and any renewal of insurance.***

**West Salem Insurance Agency**

**Gib Wee**

**President/Owner**

**Phone 608-786-1620**

**Fax 608-786-1653**

**frontdesk@ws-ins.com**