

WHAT ELSE CAN WE QUOTE FOR YOU TODAY?

- | | | | |
|--------------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Renters | <input type="checkbox"/> Home | <input type="checkbox"/> RV | <input type="checkbox"/> Life |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> ATV | <input type="checkbox"/> Health |
| <input type="checkbox"/> Watercraft | <input type="checkbox"/> Phone Service | <input type="checkbox"/> Travel Trailer | |

NEW CUSTOMER INFORMATION SHEET

Do you currently have insurance? Yes No If so name of company _____ Expiration date _____ When is this policy to be effective? _____ Method of Payment: Check Money Order VISA/MC/Discover

How did you hear about Driver's Choice? _____

Please provide the following information on all drivers to be listed on your policy:

	Named Insured Driver 1	Driver 2	Driver 3	Driver 4
Name				
Address				
City State Zip				
Homeowner? Yes or No If Yes, how long have you owned your current home?				
Renting? Yes or No If Yes, How long have you rented your current residence?				
Home Phone				
Occupation/Employer				
How long with current employer?				
Work Phone				
Date of Birth				
Driver's License #/State				
Social Security #				
Relationship to Driver 1				
Does any driver need an SR22?				

Initials: _____

Please provide the following information for all persons age 14 and older that live in your household:

	1	2	3	4
Name				
Relationship				
Date of Birth				
Licensed? If so list license # & state If licensed, do they have their own insurance? If not, they must be included on policy Do you wish to exclude any of these individuals from your policy? If so, the excluded driver must have surrendered his license OR have his own insurance.				

Initials: _____

Please provide the following information on all vehicles to be covered:

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Owner/Name on Title				
Year/Make/Model				
Vehicle Identification Number (VIN)				
Circle: Liability Only or Full Coverage	Liability Only or Full Coverage	Liability Only or Full Coverage	Liability Only or Full Coverage	Liability Only or Full Coverage
Is vehicle financed? If so provide lienholder's name and address				
Is vehicle used for job or business? If so describe use				

Initials: _____