

**PERSONAL LINES AUTOMOBILE INSURANCE DATA SHEET**

NAME: \_\_\_\_\_ HOME ( ) \_\_\_\_\_ BUS ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWN/RENT: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ RESIDE WITH: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

COVERAGES: LIAB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MEDICAL \_\_\_\_\_ U/M \_\_\_\_\_ / \_\_\_\_\_

COMP DED \_\_\_\_\_ COLL DED \_\_\_\_\_ TOWING \_\_\_\_\_ RENTAL REIMB \_\_\_\_\_

**DRIVERS:**                      HOW LONG                      MRTL                      GOOD                      DRVR                      OCCUP.  
NAME                      ST/LIC#                      LIC'D                      DOB                      SEX                      STAT                      STUD                      TRNG                      HOW LONG

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(IF MORE THAN 4 DRIVERS USE BACK OF FORM)

**VEHICLES:**                      MILES                      PRIN                      CURRENT                      COST                      ANNUAL  
YEAR                      MAKE                      MODEL                      4X4                      TO WORK                      OCCS                      VALUE                      NEW                      MILEAGE

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**VIOLATIONS:**                      (MINOR 3 YEARS AND MAJORS EVER)

DR #1: \_\_\_\_\_  
DR #2: \_\_\_\_\_  
DR #3: \_\_\_\_\_  
DR #4: \_\_\_\_\_  
DR #5: \_\_\_\_\_

**ACCIDENT:**                      (WITHIN LAST 3 YEARS – REGARDLESS OF FAULT)

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ANY PHYSICAL OR MENTAL IMPAIRMENTS: (DIABETES, EPILEPSY, HEART CONDITION, ETC)

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REMARKS:

PRESENT CO & PREM \_\_\_\_\_ EXP. DATE: \_\_\_\_\_