



Fiser Insurance

# Automobile Insurance Fact Sheet



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Full Name: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Employed: **Y** or **N** Job Title \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

**Rent** \_\_\_\_\_ **Own** \_\_\_\_\_ Would you be interested in a **Renters** or **Homeowners** quote? \_\_\_\_\_

List all members of your household who are over the age of 15, whether or not they are licensed drivers:

<u>Name</u>	<u>Date of Birth</u>	<u>Drivers License # (or SS # if no DL)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

List any Tickets or Accidents during the last 5 years and the Driver associated them:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

List all vehicles in your household:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Serial/Vin #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Do you currently have insurance coverage? **Yes** **No**

Name of Previous Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Liability Coverage (in thousands): **25/50** **50/100** **100/300** **250/500** **100CSL** **300CSL** **500 CSL** Other: \_\_\_\_\_

Uninsured Motorist (in thousands): **25/50** **50/100** **100/300** **250/500** **100CSL** **300CSL** **500 CSL** Other: \_\_\_\_\_

Medical Payments (in thousands): **1** **2** **5** **10** Deductible: Comp \_\_\_\_\_ Collision \_\_\_\_\_ Rental: \_\_\_\_\_ Towing: \_\_\_\_\_

In submitting this form it is understood that as part of the insurance underwriting process and procedures an investigative consumer report may be prepared *whereby* the information is obtained through credit reports, MVR's and clue reports. The information retrieved in these reports will be handled with the confidentiality required by State and Federal guidelines

I have read the disclosure above and give to Fiser Insurance Agency, Inc. and/or its affiliate's permission to run reports necessary in receiving a fair and accurate quote.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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