

Personal Auto Intake Sheet

A Pharmacists Mutual Company

Email: coverageadvisor@phmic.com Phone: 800.247.5930 ext. 4090 Fax: 515.295.4332

Requested effective date:	Pharmacy related? ☐ Yes ☐ No Pharmac	cists Mutual Member #:		
Permission to access claims history and run credit? Tes Too, we CANNOT do the quote!				
Section A – Primary & 2 nd Named Inured Today's date:				
Principal Named Insured (Legal Name): *Titled				
First, Middle, Last name:		DOB: Gender: □M □F		
Occupation:		d □Single □Widow □Divorced		
Highest level of education: ☐HS ☐BA ☐MS/M	IBA □PHD Military: □Yes □No I to run reports, get a final quote or to issue. If needed w	o will contact you via talanhana to obtain this *		
Mailing address, city, state, & 9-digit zip:		e will contact you via telephone to obtain this.		
How long has the insured lived here: □2 mont	ths or less □2 months – 1 year □More than 1 year			
If less than 6 months, previous address:				
Do you: ☐Own ☐Rent ☐Live w/ parents ☐Oth	her:			
2 nd Named Insured (Legal Name): *Other titled				
First, Middle, Last name:		DOB: Gender: □M □F		
Occupation:		d □Single □Widow □Divorced		
Highest level of education: □HS □BA □MS/M	IBA □PHD Military: □Yes □No I to run reports, get a final quote or to issue. If needed w	o will contact you via talanhana ta ahtain thic *		
	e as above 🗆):			
Primary Contact Information – Contact Name:		Fax:		
Email address:				
Section B – Driver Information:				
Driver #1 (Principal Named Insured):				
First, Middle, Last name:		DOB: Gender: □M □F		
a in		ngle □Widow □Divorced		
Driver's License Number & State:	Age 1 st licensed: ended □Permanently revoked □Expired □Not licensed			
Driver's License status: ☐Valid ☐Permit ☐Suspe	ended □Permanently revoked □Expired □Not licensed	In need of an SR-22? ☐Yes ☐No		
	ay at school? ☐Yes ☐No Distant? ☐Yes ☐No			
Principal Operator (operates all autos more than	, , , , , , , , , , , , , , , , , , , ,	all auto less than 50%)? □Yes □No		
Driver Status: ☐Rated ☐Non-rated ☐Excluded	□Out of country □Driver under 21 – never licensed	Previously on parent's policy? ☐Yes ☐No		
Driver #2 (2 nd Named Insured):				
		DOB: Gender: □M □F		
Occupation:	□Married □Sir	ngle □Widow □Divorced		
Driver's License Number & State:	Age 1 st licensed:			
	ended □Permanently revoked □Expired □Not licensed	In need of an SR-22? ☐Yes ☐No		
If Student: Good student? □Yes □No Awa Principal Operator (operates all autos more than	ay at school?	all auto less than 50%)? □Yes □No		
	☐ Out of country ☐ Driver under 21 – never licensed	Previously on parent's policy? ☐Yes ☐No		
Driver Status. Grated Given-Fated Gexcidded	Dout of country Diriver under 21 – never incensed	rreviously on parent's policy: Thes Tivo		
Driver #3: Relationship to Principal Nam	ned Insured: □Child □Parent □Other:			
First, Middle, Last name:		DOB: Gender: ☐M ☐F		
Occupation:		ngle □Widow □Divorced		
Highest level of education: ☐HS ☐BA ☐MS/MB				
		or to issue. If needed we will contact you via telephone to obtain this.*		
Driver's License Number & State:	ended Permanently revoked Expired Not licensed			
•	ay at school? □Yes □No Distant? □Yes □No	in need of an SN-22: Thes and		
Principal Operator (operates all autos more than	•	all auto less than 50%)? □Yes □No		
Driver Status: □Rated □Non-rated □Excluded	□Out of country □Driver under 21 – never licensed	Previously on parent's policy? ☐Yes ☐No		
·	ned Insured: □Child □Parent □Other:			
First, Middle, Last name:		DOB: Gender: □M □F		
Occupation:		ngle □Widow □Divorced		
Highest level of education: HS BA MS/MB SSN (only peopled if also an Additional Insurably)		or to issue. If needed we will contact you via telephone to obtain this.*		
	Age 1st licensed:			
	ended Permanently revoked Expired Not licensed			
	ay at school? □Yes □No Distant? □Yes □No			
Principal Operator (operates all autos more than	n 50%)? □Yes □No Occasional Operator (operates a	all auto less than 50%)? □Yes □No		
Driver Status: ☐Rated ☐Non-rated ☐Excluded	☐Out of country ☐Driver under 21 – never licensed	Previously on parent's policy? ☐Yes ☐No		

Driving Beauty (if additional cases is peeded as to page 42 and list in 14 dditional Information) section).				
Driving Record: (if additional space is needed go to page #3 and list in 'Additional Information' section):				
Has any listed driver had an accident, regardless of fault, or been convicted of a moving violation within the last 5 years? □Yes □No *If yes, explain below:				
-Driver: Date of accident/conviction:				
Description of the accident/conviction:				
Amount paid by insurance, if accident: \$				
-Driver: Date of accident/conviction: Description of the accident/conviction:				
bescription of the accident/conviction.				
Amount paid by insurance, if accident: \$				
Section C – Coverage Information: Note: Not all coverage options are available with all carriers.				
Current Insurance/Prior Coverage Information: None				
Carrier: Premium: \$ Current policy effective from to				
Number of years with your most recent auto insurance carrier:				
Bodily Injury Liability Limits: ☐100/300 ☐250/500 ☐500/500 ☐300 CSL ☐500 CSL ☐Other:				
Property Damage Liability Limits: Declined D25 D50 D100 Other:				
Med Pay/PIP Limits: □Declined □1,000 □2,500 □5,000 □10,000 □Other:				
UM/UIM Limits: Declined 100/300 1500/500 300 CSL 500 CSL 0ther:				
UMPD Limits: Declined 7.5 10 25 Other:				
Comprehensive (Other than Collision) deductible: N/A □\$250 □\$500 □\$1,000 □Other:				
Collision deductible: □N/A □\$250 □\$500 □\$1.000 □Other:				
Requested Liability Limits: Note: Deductibles are listed with each vehicle.				
Bodily Injury Liability Limits: ☐100/300 ☐250/500 ☐500/500 ☐300 CSL ☐500 CSL ☐Other:				
Property Damage Liability Limits: \(\subseteq Declined \(\subseteq 25 \subseteq 50 \subseteq 100 \subseteq 00ther: \)				
Med Pay/PIP Limits: ☐Declined ☐1,000 ☐2,500 ☐10,000 ☐0ther:				
UM/UIM Limits: ☐Declined ☐100/300 ☐250/500 ☐500/500 ☐300 CSL ☐500 CSL ☐Other:				
UMPD Limits: Declined 7.5 10 25 Other:				
Section D – Vehicles:				
Vehicle #1: Year/Make/Model: □ Excess Auto VIN: □ License Plate Number/State: □ License Plate Number				
Primary operator: Garaging address if other than mailing address: cicense Plate Number/State				
Usage: Usa				
Vehicle used for any delivery or ride share service? ☐Yes ☐No <i>If yes, explain:</i>				
Vehicle have an attached snow plow? ☐Yes ☐No				
Valida a makanad an DNam DUand *Data of a makana.				
Vehicle purchased as: New Used *Date of purchase: (mm/yyyy) Current adameter: (m/d(nan))				
Current odometer: *Date reported: (m/d/yyyy)				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? □Yes □No Anti-theft: □None □Passive □Active □Alarm only Passive restraints: □None □Airbag – driver's side only □Airbag – both sides				
Current odometer: *Date reported: (m/d/yyyy) Anti-lock brakes? □Yes □No Anti-theft: □None □Passive □Active □Alarm only Passive restraints: □None □Airbag – driver's side only □Airbag – both sides Any after-market customization or additional equipment? □Yes □No				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? □Yes □No Anti-theft: □None □Passive □Active □Alarm only Passive restraints: □None □Airbag – driver's side only □Airbag – both sides Any after-market customization or additional equipment? □Yes □No If yes, explain and give value:				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? □Yes □No Anti-theft: □None □Passive □Active □Alarm only Passive restraints: □None □Airbag – driver's side only □Airbag – both sides Any after-market customization or additional equipment? □Yes □No If yes, explain and give value: Does vehicle have a loan or lease? □None □Loan □Lease				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? □Yes □No Anti-theft: □None □Passive □Active □Alarm only Passive restraints: □None □Airbag – driver's side only □Airbag – both sides Any after-market customization or additional equipment? □Yes □No If yes, explain and give value: Does vehicle have a loan or lease? □None □Loan □Lease If loan or lease, name/address of financial institution:				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? \[\text{Pres} \] \[\text{No} \] \[\text{Anti-theft:} \[\text{None} \] \[\text{Passive} \] \[\text{Active} \] \[\text{Alarm only} \] \[\text{Passive restraints:} \[\text{None} \] \[\text{Airbag} - \text{driver's side only} \] \[\text{Airbag} - \text{both sides} \] Any after-market customization or additional equipment? \[\text{Yes} \] \[\text{No} \] If yes, explain and give value: \[\text{Does vehicle have a loan or lease?} \] \[\text{None} \] \[\text{Loan} \] \[\text{Lease} \] If loan or lease, name/address of financial institution: \[\text{Loan} \]				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? \[\text{Yes} \] \[\text{No} \] Anti-theft: \[\text{None} \] \[\text{Passive} \] \[\text{Active} \] \[\text{Alarm only} \] \[\text{Passive restraints: } \[\text{None} \] \[\text{Airbag} \] \[\text{discord} \] \[\text{discord} \] \[\text{Indiscord} \] \[\text{Passive restraints: } \[\text{None} \] \[\text{Airbag} \] \[\text{discord} \] \				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? \[\text{Yes} \] \[\text{No} \] Anti-theft: \[\text{None} \] \[\text{Passive} \] \[\text{Active} \] \[\text{Alarm only} \] \[\text{Passive restraints: } \[\text{None} \] \[\text{Airbag} \] \[\text{display of the sides} \] \[\text{Any after-market customization or additional equipment? } \] \[\text{Yes} \] \[\text{No} \] \[\text{If yes, explain and give value: } \] \[\text{Does vehicle have a loan or lease? } \] \[\text{None} \] \[\text{Loan} \] \[Loan #:				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? \[\text{Pes} \] \[\text{No} \] Anti-theft: \[\text{None} \] \[\text{Passive} \] Active \[\text{Alarm only} \] Passive restraints: \[\text{None} \] \[\text{Airbag} - \text{dive's side only} \] \[\text{Airbag} - \text{both sides} \] Any after-market customization or additional equipment? \[\text{Yes} \] \[\text{No} \] If yes, explain and give value: \[\text{Does vehicle have a loan or lease?} \[\text{None} \] \[\text{Loan} \] \[\text{Loan are lease, name/address of financial institution:} \] Loan #: \[Loan #:				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? \[\text{Pes} \] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? \ Yes \ No \ Anti-theft: \ None \ Passive \ Active \ Alarm only \ Passive restraints: \ None \ Airbag - driver's side only \ Airbag - both sides Any after-market customization or additional equipment? \ Yes \ No \ If yes, explain and give value: Does vehicle have a loan or lease? \ None \ Loan \ Lease \ If loan or lease, name/address of financial institution: Loan #: Comprehensive (other than collision) deductible: \ Declined \ \$250 \ \$500 \ \$1,000 \ Other: Other coverages, if available (will vary by state): Glass coverage: \ Yes \ No \ Identity theft: \ Yes \ No \ Special physical damage: \ Yes \ No \ GAP (loan payoff) coverage: \ Yes \ No \ Roadside Assistance: \ Declined \ \$50 \ \$100 \ \$250 \ Rental reimbursement: \ Declined \ \$30/day (900 max) \ \$40/day (1,200 max) \ \$50/day (1,500 max)				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? Yes No				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? Yes No				
Current odometer:*Date reported:(m/d/yyyy) Anti-lock brakes? Yes No Anti-theft: None Passive Active Alarm only Passive restraints: None Airbag – driver's side only Airbag – both sides Any after-market customization or additional equipment? Yes No If yes, explain and give value:				
Current odometer:*Date reported:				
Current odometer:				
Current odometer:*Date reported:				
Current odometer:				
Current odometer:*Date reported:				
Current odometer:				

Malada #2 Marada #4 da		DE A. I.		
Vehicle #3: Year/Make/Model:	Dod. Chile/ Haf Dagge	License Plate Number/State:		
		License Plate Number/State: siling address:		
		week: Annual mileage:		
		week Affilial filleage		
• • •	share service? □Yes □No If yes, explain:			
Vehicle have an attached snow plow?				
Vehicle purchased as: UNew UUsed	*Date of purchase: (mn	1/yyyy)		
	*Date reported: (m/			
Anti-lock brakes?				
Any after-market customization or additional equipment? □Yes □No				
Does vehicle have a loan or lease?				
	nancial institution:			
Loan #:		Doub		
Comprehensive (other than collision) deductible: Declined \$250 \$500 \$1,000 \$00000000000000000000000000000				
Other coverages, if available (will vary				
Glass coverage: ☐Yes ☐No Identity theft: ☐Yes ☐No Special physical damage: ☐Yes ☐No GAP (loan payoff) coverage: ☐Yes ☐No				
		eclined □\$30/day (900 max) □\$40/day (1,200 max) □\$50/day (1,500 max)		
Vehicle #4: Year/Make/Model:		□Excess Auto		
VIN:	Body Style/ # of Doors:	License Plate Number/State: ailing address:		
		week: Annual mileage:		
• • •	share service? Yes No If yes, explain:			
Vehicle have an attached snow plow?				
Vehicle purchased as: ☐New ☐Used	*Date of purchase: (mn	n/yyyy)		
	*Date reported: (m/			
	ti-theft: ☐None ☐Passive ☐Active ☐Alarm only	Passive restraints: ☐None ☐Airbag – driver's side only ☐Airbag – both sides		
Any after-market customization or ad				
Does vehicle have a loan or lease?				
	nancial institution:			
Loan #:				
Comprehensive (other than collision) deductible: ☐Declined ☐\$250 ☐\$500 ☐\$1,000 ☐Other:				
Collision deductible: Declined				
Other coverages, if available (will vary by state):				
Glass coverage: ☐Yes ☐No Identity theft: ☐Yes ☐No Special physical damage: ☐Yes ☐No GAP (loan payoff) coverage: ☐Yes ☐No				
Roadside Assistance: Declined \$\sqrt{250}\$ \$\sqrt{100}\$ \$\sqrt{250}\$ Rental reimbursement: Declined \$\sqrt{30/day}\$ (900 max) \$\sqrt{240/day}\$ (1,200 max) \$\sqrt{550/day}\$ (1,500 max)				
Section E – Underwriting Information: To add additional vehicles click here *don't forget to print page in*:				
Has the named insured had continuous vehicle liability insurance for the last 6 months with no more than a 30-day lapse in coverage? Yes No				
Interested in a Panerless Billing?	Ves DNo			

Additional Information:

Interested in the Telematics Discount, if available? ☐Yes ☐No