

<b>Requested effective date:</b> _____	<b>Pharmacy related?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pharmacists Mutual Member #:</b> _____
<b>Permission to access claims history and run credit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i><b>*If NO, we CANNOT do the quote!</b></i>		

## Section A – Primary & 2<sup>nd</sup> Named Insured

Today's date: \_\_\_\_\_

**Principal Named Insured (Legal Name):** *\*Titled owner of the vehicle(s)*

First, Middle, Last name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Occupation: \_\_\_\_\_ ☐ Married ☐ Single ☐ Widow ☐ Divorced

Highest level of education: ☐ HS ☐ BA ☐ MS/MBA ☐ PHD Military: ☐ Yes ☐ No

Social Security Number: *\*SSN may be required to run reports, get a final quote or to issue. If needed we will contact you via telephone to obtain this.\**

Mailing address, city, state, & 9-digit zip: \_\_\_\_\_

How long has the insured lived here: ☐ 2 months or less ☐ 2 months – 1 year ☐ More than 1 year

If less than 6 months, previous address: \_\_\_\_\_

Do you: ☐ Own ☐ Rent ☐ Live w/ parents ☐ Other: \_\_\_\_\_

**2<sup>nd</sup> Named Insured (Legal Name):** *\*Other titled owner of the vehicle(s)*

First, Middle, Last name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Occupation: \_\_\_\_\_ ☐ Married ☐ Single ☐ Widow ☐ Divorced

Highest level of education: ☐ HS ☐ BA ☐ MS/MBA ☐ PHD Military: ☐ Yes ☐ No

Social Security Number: *\*SSN may be required to run reports, get a final quote or to issue. If needed we will contact you via telephone to obtain this.\**

Mailing address, city, state, & 9-digit zip (same as above ☐): \_\_\_\_\_

**Primary Contact Information – Contact Name:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

## Section B – Driver Information:

**Driver #1 (Principal Named Insured):**

First, Middle, Last name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Occupation: \_\_\_\_\_ ☐ Married ☐ Single ☐ Widow ☐ Divorced

Driver's License Number & State: \_\_\_\_\_ Age 1<sup>st</sup> licensed: \_\_\_\_\_

Driver's License status: ☐ Valid ☐ Permit ☐ Suspended ☐ Permanently revoked ☐ Expired ☐ Not licensed In need of an SR-22? ☐ Yes ☐ No

If Student: Good student? ☐ Yes ☐ No Away at school? ☐ Yes ☐ No Distant? ☐ Yes ☐ No

Principal Operator (operates all autos more than 50%)? ☐ Yes ☐ No Occasional Operator (operates 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<sup>nd</sup> Named Insured):**

First, Middle, Last name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Occupation: \_\_\_\_\_ ☐ Married ☐ Single ☐ Widow ☐ Divorced

Driver's License Number & State: \_\_\_\_\_ Age 1<sup>st</sup> licensed: \_\_\_\_\_

Driver's License status: ☐ Valid ☐ Permit ☐ Suspended ☐ Permanently revoked ☐ Expired ☐ Not licensed In need of an SR-22? ☐ Yes ☐ No

If Student: Good student? ☐ Yes ☐ No Away at school? ☐ Yes ☐ No Distant? ☐ Yes ☐ No

Principal Operator (operates all autos more than 50%)? ☐ Yes ☐ No Occasional Operator (operates 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 #3:** Relationship to Principal Named Insured: ☐ Child ☐ Parent ☐ Other: \_\_\_\_\_

First, Middle, Last name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Occupation: \_\_\_\_\_ ☐ Married ☐ Single ☐ Widow ☐ Divorced

Highest level of education: ☐ HS ☐ BA ☐ MS/MBA ☐ PHD Military: ☐ Yes ☐ No

SSN (only needed if also an Additional Insured): *\*SSN may be required to run reports, get a final quote or to issue. If needed we will contact you via telephone to obtain this.\**

Driver's License Number & State: \_\_\_\_\_ Age 1<sup>st</sup> licensed: \_\_\_\_\_

Driver's License status: ☐ Valid ☐ Permit ☐ Suspended ☐ Permanently revoked ☐ Expired ☐ Not licensed In need of an SR-22? ☐ Yes ☐ No

If Student: Good student? ☐ Yes ☐ No Away at school? ☐ Yes ☐ No Distant? ☐ Yes ☐ No

Principal Operator (operates all autos more than 50%)? ☐ Yes ☐ No Occasional Operator (operates 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 #4:** Relationship to Principal Named Insured: ☐ Child ☐ Parent ☐ Other: \_\_\_\_\_

First, Middle, Last name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Occupation: \_\_\_\_\_ ☐ Married ☐ Single ☐ Widow ☐ Divorced

Highest level of education: ☐ HS ☐ BA ☐ MS/MBA ☐ PHD Military: ☐ Yes ☐ No

SSN (only needed if also an Additional Insured): *\*SSN may be required to run reports, get a final quote or to issue. If needed we will contact you via telephone to obtain this.\**

Driver's License Number & State: \_\_\_\_\_ Age 1<sup>st</sup> licensed: \_\_\_\_\_

Driver's License status: ☐ Valid ☐ Permit ☐ Suspended ☐ Permanently revoked ☐ Expired ☐ Not licensed In need of an SR-22? ☐ Yes ☐ No

If Student: Good student? ☐ Yes ☐ No Away at school? ☐ Yes ☐ No Distant? ☐ Yes ☐ No

Principal Operator (operates all autos more than 50%)? ☐ Yes ☐ No Occasional Operator (operates 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 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: \_\_\_\_\_

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 ☐ 25 ☐ 50 ☐ 100 ☐ Other: \_\_\_\_\_

Med Pay/PIP Limits: ☐ Declined ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000 ☐ Other: \_\_\_\_\_

UM/UIM Limits: ☐ Declined ☐ 100/300 ☐ 250/500 ☐ 500/500 ☐ 300 CSL ☐ 500 CSL ☐ Other: \_\_\_\_\_

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: ☐ Declined ☐ 25 ☐ 50 ☐ 100 ☐ Other: \_\_\_\_\_

Med Pay/PIP Limits: ☐ Declined ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000 ☐ Other: \_\_\_\_\_

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: \_\_\_\_\_ Body Style/ # of Doors: \_\_\_\_\_ License Plate Number/State: \_\_\_\_\_

Primary operator: \_\_\_\_\_ Garaging address if other than mailing address: \_\_\_\_\_

Usage: ☐ Pleasure ☐ Business ☐ Commute: # of miles one way: \_\_\_\_\_ # of days / week: \_\_\_\_\_ Annual mileage: \_\_\_\_\_

Vehicle used for any delivery or ride share service? ☐ Yes ☐ No *If yes, explain:*

Vehicle have an attached snow plow? ☐ Yes ☐ No

Vehicle purchased as: ☐ New ☐ Used \*Date of purchase: \_\_\_\_\_ (mm/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

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: \_\_\_\_\_

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)

**Vehicle #2:** Year/Make/Model: \_\_\_\_\_ ☐ Excess Auto

VIN: \_\_\_\_\_ Body Style/ # of Doors: \_\_\_\_\_ License Plate Number/State: \_\_\_\_\_

Primary operator: \_\_\_\_\_ Garaging address if other than mailing address: \_\_\_\_\_

Usage: ☐ Pleasure ☐ Business ☐ Commute: # of miles one way: \_\_\_\_\_ # of days / week: \_\_\_\_\_ Annual mileage: \_\_\_\_\_

Vehicle used for any delivery or ride share service? ☐ Yes ☐ No *If yes, explain:*

Vehicle have an attached snow plow? ☐ Yes ☐ No

Vehicle purchased as: ☐ New ☐ Used \*Date of purchase: \_\_\_\_\_ (mm/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

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: \_\_\_\_\_

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)

**Vehicle #3:** Year/Make/Model: \_\_\_\_\_ ☐ Excess Auto  
VIN: \_\_\_\_\_ Body Style/ # of Doors: \_\_\_\_\_ License Plate Number/State: \_\_\_\_\_  
Primary operator: \_\_\_\_\_ Garaging address if other than mailing address: \_\_\_\_\_  
Usage: ☐ Pleasure ☐ Business ☐ Commute: # of miles one way: \_\_\_\_\_ # of days / week: \_\_\_\_\_ Annual mileage: \_\_\_\_\_  
Vehicle used for any delivery or ride share service? ☐ Yes ☐ No *If yes, explain:* \_\_\_\_\_  
Vehicle have an attached snow plow? ☐ Yes ☐ No  
Vehicle purchased as: ☐ New ☐ Used \*Date of purchase: \_\_\_\_\_ (mm/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  
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: \_\_\_\_\_  
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)

**Vehicle #4:** Year/Make/Model: \_\_\_\_\_ ☐ Excess Auto  
VIN: \_\_\_\_\_ Body Style/ # of Doors: \_\_\_\_\_ License Plate Number/State: \_\_\_\_\_  
Primary operator: \_\_\_\_\_ Garaging address if other than mailing address: \_\_\_\_\_  
Usage: ☐ Pleasure ☐ Business ☐ Commute: # of miles one way: \_\_\_\_\_ # of days / week: \_\_\_\_\_ Annual mileage: \_\_\_\_\_  
Vehicle used for any delivery or ride share service? ☐ Yes ☐ No *If yes, explain:* \_\_\_\_\_  
Vehicle have an attached snow plow? ☐ Yes ☐ No  
Vehicle purchased as: ☐ New ☐ Used \*Date of purchase: \_\_\_\_\_ (mm/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  
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: \_\_\_\_\_  
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)

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

**Additional Information:**