

**INSURANCE FOR ALL YOU NEEDS.COM**  
**FAX (626) 444-9502**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ California Zip Code \_\_\_\_\_

**1. Tell us about yourself**

Daytime phone: ( )	Present insurance company: (If none, explain)
E-mail (optional):	
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your current policy expires (mo/day/yr): / /
How long at present address? If 3 years or less, how long or previous address	Auto liability limits: <input type="checkbox"/> \$1000,000/\$300,000 <input type="checkbox"/> \$50,000/1000,000 <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$Other

**2. Tell us about your vehicle(s) (List all vehicles)**

Veh.	Years	Make (Chevy/Monaco)	Model (Cavalier/Dynasty)	Body (4 Dr./Motorhome)	Length (RV only)	Driven to Work/ School Miles 1 Way/Days Per Week	Estimated Annual Mileage
1.							
2.							
3.							

Veh.	Used in Business? If yes, Describe Use	Kept at Residence?	If No- Address Kept <input type="checkbox"/>	Equipped with Anti-lock Brakes?	Equipped with Automatic Seatbelts or Airbags?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's side only <input type="checkbox"/> Both sides
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's side only <input type="checkbox"/> Both sides
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's side only <input type="checkbox"/> Both sides

**3. Tell us about all drivers in your household (Be sure to include yourself)**

Name	Relationship	Date of Birth	Sex	Marital Status	Tears Licensed	Social Security Number	Percentage of Use		
							Vehicle1	Vehicle 2	Vehicle 3
	<i>Self</i>					-----			
						-----			
						-----			

**4. Tell us about your claim history** List any Moving Violations, Suspensions, Revocation, and Accidents- regardless of fault – in the past 3 years including Comprehensive Losses over \$1,000.

Driver	Date	Type of Accident or Traffic Violation	Amount of Damage	Anyone Injured?
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. Coverage loss more than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. Coverage loss more than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. Coverage loss more than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FOR A FASTER QUOTE PLEASE  
CALL US @ 866 661-9500**