

PERSONAL AUTO APPLICATION

WE SHOP THE INSURANCE MARKET FOR YOU!



Mailing Address: P.O. Box 1418, Lincoln, CA 95648, Lic. # 0E44204

Local Phone: (916) 434-6078 Local Fax: (916) 434-6092

www.CompetitiveEdgeInsurance.com

Toll-Free Phone: (800) 407-0-FREE, Toll-Free Fax: (800) 807-0-FREE

FOR PROMPT RESPONSE, PLEASE FAX or E-MAIL TO: (800) 807-0-FREE / Alex@BeyerInsurance.biz

Alex Beyer (Cell Phone: (916) 412-5430)

DATE: _____

AGENT CODE: _____

Applicant Information

Named Insured Legal Name: _____

Home Address: _____

Mailing Address (If different): _____

*S.S. Number: _____ *Date of Birth: _____

*Contact Phone Number: _____ Cell Phone Number: _____

Email: _____

Work Information:

Business Name: _____ Date Started: _____

Business Address: _____

Describe type of business: _____

Does the insured haul goods/people or persons for hire? YES NO

Are vehicles used for Business? YES NO

Rating Information

Requested Effective Date: _____

Current Insurance Carrier: _____ Current Policy Number: _____

Current Policy Expiration Date: _____ Current liability limit: _____

Have you been insured for the past 12 months with no lapse in coverage? Yes No (Prior insurance discount)

(If yes, please attach proof of prior, i.e CURRENT declarations page or ALLSTATE print screens)

Coverages (Please select from the following)

Liability: \$15/30 \$20/40 \$35CSL \$25/50 \$50CSL \$30/60 \$35/70 \$50/100 100CSL
 \$100/300 \$250/500 \$500/500 \$500CSL \$500/1MIL \$1MIL/1MIL \$1MIL CSL Other(Specify): _____

Property Damage: \$5,000 \$10,000 \$15,000 \$20,000 \$50,000 \$100,000 \$500,000 \$1MIL

Uninsured Motorist: \$15/30 \$25/50 \$50/100 \$100/200 \$500/1MIL \$1MIL/2MIL \$5MIL

Underinsured Motorist: \$15/30 \$25/50 \$50/100 \$100/200 \$500/1MIL \$1MIL/2MIL \$5MIL

Uninsured Property Damage: _____

Medical Payments: \$1,000 \$5,000 \$50,000 \$1MIL Other, specify _____

PIP/ PIP-PPO: _____

Other Coverage Desired: _____

Commercial Auto Coverage needed? YES NO

I attest that the above information, and the information contained in the remainder of this application is true and accurate to the best of my knowledge. I understand that the quoted premium is not firm until all information is submitted and verified. Furthermore, I authorize Progressive to obtain any necessary credit and driving reports as mentioned above.

Signature of applicant: _____ Effective Date: _____

Driver Information:

<u>DRIVER NAME</u>	<u>DOB</u>	<u>Marital Status</u>	<u>SS#</u>	<u>DL#/Year</u>	<u>State</u>
1 _____	____/____/____	_____	_____	_____	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	License Issue Date: _____		#of Violations/Accidents: _____		
2 _____	____/____/____	_____	_____	_____	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	License Issue Date: _____		#of Violations/Accidents: _____		
3 _____	____/____/____	_____	_____	_____	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	License Issue Date: _____		#of Violations/Accidents: _____		
4 _____	____/____/____	_____	_____	_____	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	License Issue Date: _____		#of Violations/Accidents: _____		

Please list all driver accidents/violations in the last 3 years:

Vehicle Information:

<u>#</u>	<u>VIN#</u>	<u>\$VALUE</u>	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____

Vehicle Description: **Vehicle #1**

Passenger Auto Suv Pick-Up (4x2) Pick-Up (4x4) Flatbed Trailer Cargo Van
 Step Van Delivery Van 8 passenger van 15 passenger van (with wheelchair lift? Y N)
 Bus (16 to 60 passengers) Bus (more than 61 passengers)

Salvage Title?: Yes No Special Model?(turbo, LE, GT, etc.): _____

Date Purchased: _____ Odometer Reading: _____

Garaging Zip Code: _____ Maximum Drivers One way from Garage: _____

Number of Stops per day: _____ Type of use: Personal Commercial

Gross Vehicle Weight: _____ Alarm: Yes No ABS: 2 wheel 4 wheel

Detailed Use of Vehicle: _____

Annual Mileage: _____ Max Mileage per day: _____ Date Purchased: _____

Leased or Owned?: _____ Financed Amount: _____ Amount Still Owed: _____

Lease Holder: _____

IMPORTANT: STATED AMOUNT IS REQUIRED WHEN REQUESTING COMP AND COLL

Stated Amount Definition: Current value of a vehicle including any special or permanently attached equipment

Comprehensive Deductible: No Comp Coverage \$100 \$250 \$500 \$1000

(Glass, Fire, Theft, etc.)

Collision Deductible: No Coll Coverage \$100 \$250 \$500 \$1000

Vehicle Description: **Vehicle #2**

- Passenger Auto SUV Pick-Up (4x2) Pick-Up (4x4) Flatbed Trailer Cargo Van
 Step Van Delivery Van 8 passenger van 15 passenger van (with wheelchair lift? Y N)
 Bus (16 to 60 passengers) Bus (more than 61 passengers)

Salvage Title?: Yes No Special Model?(turbo, LE, GT, etc.): _____

Date Purchased: _____ Odometer Reading: _____

Garaging Zip Code: _____ Maximum Drivers One way from Garage: _____

Number of Stops per day: _____ Type of use: Personal Commercial

Gross Vehicle Weight: _____ Alarm: Yes No ABS: 2 wheel 4 wheel

Detailed Use of Vehicle: _____

Annual Mileage: _____ Max Mileage per day: _____ Date Purchased: _____

Leased or Owned?: _____ Financed Amount: _____ Amount Still Owed: _____

Lease Holder: _____

IMPORTANT: STATED AMOUNT IS REQUIRED WHEN REQUESTING COMP AND COLL

Stated Amount Definition: Current value of a vehicle including any special or permanently attached equipment

Comprehensive Deductible: No Comp Coverage \$100 \$250 \$500 \$1000
(Glass, Fire, Theft, etc.)

Collision Deductible: No Coll Coverage \$100 \$250 \$500 \$1000

Vehicle Description: **Vehicle #3**

- Passenger Auto SUV Pick-Up (4x2) Pick-Up (4x4) Flatbed Trailer Cargo Van
 Step Van Delivery Van 8 passenger van 15 passenger van (with wheelchair lift? Y N)
 Bus (16 to 60 passengers) Bus (more than 61 passengers)

Salvage Title?: Yes No Special Model?(turbo, LE, GT, etc.): _____

Date Purchased: _____ Odometer Reading: _____

Garaging Zip Code: _____ Maximum Drivers One way from Garage: _____

Number of Stops per day: _____ Type of use: Personal Commercial

Gross Vehicle Weight: _____ Alarm: Yes No ABS: 2 wheel 4 wheel

Detailed Use of Vehicle: _____

Annual Mileage: _____ Max Mileage per day: _____ Date Purchased: _____

Leased or Owned?: _____ Financed Amount: _____ Amount Still Owed: _____

Lease Holder: _____

IMPORTANT: STATED AMOUNT IS REQUIRED WHEN REQUESTING COMP AND COLL

Stated Amount Definition: Current value of a vehicle including any special or permanently attached equipment

Comprehensive Deductible: No Comp Coverage \$100 \$250 \$500 \$1000
(Glass, Fire, Theft, etc.)

Collision Deductible: No Coll Coverage \$100 \$250 \$500 \$1000

(please list additional vehicles on a separate sheet)