

**Personal Auto Exposures**

**Vehicle #1:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Primary Driver: \_\_\_\_\_

Company Auto: \_\_\_\_\_

Any Existing damage to vehicle? \_\_\_\_\_

Any car modified/special equipment? \_\_\_\_\_

Do you use your vehicles for delivery or person for a fee? \_\_\_\_\_ Loan/Lease on Vehicle? \_\_\_\_\_

If yes, please describe:

Current Auto Policy Expires: \_\_\_\_\_ Current Insurance Company (not agent): \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Medical Payments Limit: \_\_\_\_\_

Physical Damage Deductibles:

Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

Optional Coverages:

Towing                      Transportation Expenses                      Lease/Loan Gap Coverage                      Tapes/CDs

# of miles to work (one way): \_\_\_\_\_

Number of days per week: \_\_\_\_\_

Total annual mileage: \_\_\_\_\_

Check the following that apply:

Anti-theft                      Air Bag                      Anti-lock Brakes                      Automatic Seatbelts

If motorcycle, please indicate HP/CC: \_\_\_\_\_

If motorcycle, please indicate lay-up period: \_\_\_\_\_

If motorcycle, please indicate additional accessory value: \_\_\_\_\_

Usage: \_\_\_\_\_

**Vehicle #2:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Primary Driver: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Company Auto: \_\_\_\_\_

Any Existing damage to vehicle? \_\_\_\_\_

Any car modified/special equipment? \_\_\_\_\_

Do you use your vehicles for delivery or person for a fee? \_\_\_\_\_ Loan/Lease on Vehicle? \_\_\_\_\_

If yes, please describe:

Current Auto Policy Expires: \_\_\_\_\_ Current Insurance Company (not agent): \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Medical Payments Limit: \_\_\_\_\_

Physical Damage Deductibles:

Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

Optional Coverages:

Towing                      Transportation Expenses                      Lease/Loan Gap Coverage                      Tapes/CDs

# of miles to work (one way): \_\_\_\_\_

Number of days per week: \_\_\_\_\_

Total annual mileage: \_\_\_\_\_

Check the following that apply:

Anti-theft                      Air Bag                      Anti-lock Brakes                      Automatic Seatbelts

**Vehicle #3:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Primary Driver: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Company Auto: \_\_\_\_\_

Any Existing damage to vehicle? \_\_\_\_\_

Any car modified/special equipment? \_\_\_\_\_

Do you use your vehicles for delivery or person for a fee? \_\_\_\_\_ Loan/Lease on Vehicle? \_\_\_\_\_

If yes, please describe:

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Current Auto Policy Expires: \_\_\_\_\_ Current Insurance Company (not agent): \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Medical Payments Limit: \_\_\_\_\_

Physical Damage Deductibles:

Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

Optional Coverages:

Towing                      Transportation Expenses                      Lease/Loan Gap Coverage                      Tapes/CDs

# of miles to work (one way): \_\_\_\_\_

Number of days per week: \_\_\_\_\_

Total annual mileage: \_\_\_\_\_

Check the following that apply:

Anti-theft                      Air Bag                      Anti-lock Brakes                      Automatic Seatbelts

**Vehicle #4:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Primary Driver: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Company Auto: \_\_\_\_\_

Any Existing damage to vehicle? \_\_\_\_\_

Any car modified/special equipment? \_\_\_\_\_

Do you use your vehicles for delivery or person for a fee? \_\_\_\_\_ Loan/Lease on Vehicle? \_\_\_\_\_

If yes, please describe:

Current Auto Policy Expires: \_\_\_\_\_ Current Insurance Company (not agent): \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Medical Payments Limit: \_\_\_\_\_

Physical Damage Deductibles:

Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

Optional Coverages:

Towing                      Transportation Expenses                      Lease/Loan Gap Coverage                      Tapes/CDs

# of miles to work (one way): \_\_\_\_\_

Number of days per week: \_\_\_\_\_

Total annual mileage: \_\_\_\_\_

Check the following that apply:

Anti-theft                      Air Bag                      Anti-lock Brakes                      Automatic Seatbelts

**Vehicle #5:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Primary Driver: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Company Auto: \_\_\_\_\_

Any Existing damage to vehicle? \_\_\_\_\_

Any car modified/special equipment? \_\_\_\_\_

Do you use your vehicles for delivery or person for a fee? \_\_\_\_\_ Loan/Lease on Vehicle? \_\_\_\_\_

If yes, please describe:

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Current Auto Policy Expires: \_\_\_\_\_ Current Insurance Company (not agent): \_\_\_\_\_

Liability Limits: \_\_\_\_\_

Medical Payments Limit: \_\_\_\_\_

Physical Damage Deductibles:

Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

Optional Coverages:

Towing                      Transportation Expenses                      Lease/Loan Gap Coverage                      Tapes/CDs

# of miles to work (one way): \_\_\_\_\_

Number of days per week: \_\_\_\_\_

Total annual mileage: \_\_\_\_\_

Check the following that apply:

Anti-theft                      Air Bag                      Anti-lock Brakes                      Automatic Seatbelts