

QUESTIONS FOR DEALER

EFFECTIVE DATE: \_\_\_\_\_

INSUREDS NAME: \_\_\_\_\_

(EXACTLY HOW YOU WANT THE ID CARD TO READ)

ADDRESS: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_

FINANCE OR LEASE: \_\_\_\_\_

LIENHOLDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LIMITS OF LIABILITY(BI/PD): \_\_\_\_\_

COLLISON DEDUCTIBLE: \_\_\_\_\_

COMPREHENSIVE DEDUCTIBLE: \_\_\_\_\_

YOUR PHONE NUMBER: \_\_\_\_\_

YOUR FAX NUMBER: \_\_\_\_\_

NEW PLATES OR REPLACEMENT: \_\_\_\_\_

VEHCILE TO REPLACE:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

PLEASE HAVE INSURED CALL OUR OFFICE TO AUTHORIZE THIS  
TRANSACTION