



\*\* Please save and attach this form to an email to **info@palanciainsurance.com** \*\*

1. (Mr., Miss, Mrs.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 License#: \_\_\_\_\_ SS#: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation -Indusrty: \_\_\_\_\_  
 Married  Single  (if married need spouse information) Accident Prevention Course: yes  no  if yes, provide date \_\_\_\_\_  
 Any tickets and or accidents in the past 4 years: yes  no  if yes, provide details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Spouse's Name (Mr., Mrs.): \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 License#: \_\_\_\_\_ SS#: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation -Indusrty: \_\_\_\_\_  
 Accident Prevention Course: yes  no  if yes, provide date \_\_\_\_\_  
 Any tickets and or accidents in the past 4 years: yes  no  if yes, provide details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Do you own  or rent  Present Insurance Company: \_\_\_\_\_ Expiration Date of Policy: \_\_\_\_\_  
 Present coverage limits: \_\_\_\_\_  
 How Long at current address: \_\_\_\_\_ If less than 4yrs, list prior address: \_\_\_\_\_

4. Car 1 Information  
 Did you purchase the car New  Used  Annual Milage: \_\_\_\_\_  
 Date purchased/leased/financed: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Owned  Leased  Leaned  Current Odometer \_\_\_\_\_  
 VIN: \_\_\_\_\_  
 Who is the driver: \_\_\_\_\_  
 If used to commute how many days a week \_\_\_\_\_  
 If more than one insured who is the car(s) registered to \_\_\_\_\_  
 Who is the primary driver of the (each) car \_\_\_\_\_  
 Drive to work  or school  how many miles one way \_\_\_\_\_  
 Does the car have:  
 Alarm System: yes  no , Active  or Passive   
 Air Bags: yes  no  how many: \_\_\_\_\_  
 Anti Lock Brakes: yes  no   
 Daytime running lights: yes  no   
 Type of coverage requested:  
 Liability limit  
 Comp (fire, theft,) deductible  
 Full glass  
 Collision deductible: \_\_\_\_\_  
 Towing  Rental

5. Car 2 Information  
 Did you purchase the car New  Used  Annual Milage: \_\_\_\_\_  
 Date purchased/leased/financed: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Owned  Leased  Leaned  Current Odometer \_\_\_\_\_  
 VIN: \_\_\_\_\_  
 Who is the driver: \_\_\_\_\_  
 If used to commute how many days a week \_\_\_\_\_  
 If more than one insured who is the car(s) registered to \_\_\_\_\_  
 Who is the primary driver of the (each) car \_\_\_\_\_  
 Drive to work  or school  how many miles one way \_\_\_\_\_  
 Does the car have:  
 Alarm System: yes  no , Active  or Passive   
 Air Bags: yes  no  how many: \_\_\_\_\_  
 Anti Lock Brakes: yes  no   
 Daytime running lights: yes  no   
 Type of coverage requested:  
 Liability limit  
 Comp (fire, theft,) deductible  
 Full glass  
 Collision deductible: \_\_\_\_\_  
 Towing  Rental



6. Additional Drivers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
License#: \_\_\_\_\_ SS#: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Accident Prevention Course: yes  no  if yes, provide date \_\_\_\_\_

Any tickets and or accidents in the past 4 years: yes  no  if yes, provide details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License#: \_\_\_\_\_ SS#: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Accident Prevention Course: yes  no  if yes, provide date \_\_\_\_\_

Any tickets and or accidents in the past 4 years: yes  no  if yes, provide details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Car 3 Information

Did you purchase the car New  Used  Annual Milage: \_\_\_\_\_

Date purchased/leased/financed: \_\_\_\_\_

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

Owned  Leased  Leaned  Current Odometer \_\_\_\_\_

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

Who is the driver: \_\_\_\_\_

If used to commute how many days a week \_\_\_\_\_

If more than one insured who is the car(s) registered to \_\_\_\_\_

Who is the primary driver of the (each) car \_\_\_\_\_

Drive to work  or school  how many miles one way \_\_\_\_\_

Does the car have:

Alarm System: yes  no , Active  or Passive

Air Bags: yes  no  how many: \_\_\_\_\_

Anti Lock Brakes: yes  no

Daytime running lights: yes  no

Type of coverage requested:

- Liability limit
- Comp (fire, theft,) deductible
- Full glass
- Collision deductible: \_\_\_\_\_  Towing  Rental

9. Car 4 Information

Did you purchase the car New  Used  Annual Milage: \_\_\_\_\_

Date purchased/leased/financed: \_\_\_\_\_

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

Owned  Leased  Leaned  Current Odometer \_\_\_\_\_

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

Who is the driver: \_\_\_\_\_

If used to commute how many days a week \_\_\_\_\_

If more than one insured who is the car(s) registered to \_\_\_\_\_

Who is the primary driver of the (each) car \_\_\_\_\_

Drive to work  or school  how many miles one way \_\_\_\_\_

Does the car have:

Alarm System: yes  no , Active  or Passive

Air Bags: yes  no  how many: \_\_\_\_\_

Anti Lock Brakes: yes  no

Daytime running lights: yes  no

Type of coverage requested:

- Liability limit
- Comp (fire, theft,) deductible
- Full glass
- Collision deductible: \_\_\_\_\_  Towing  Rental

9. How long with current carrier?: \_\_\_\_\_

How long with continuous insurance? : \_\_\_\_\_

Current limits: \_\_\_\_\_

Claims in the last 5 years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_