



\*\* 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-Industry: \_\_\_\_\_  
Email: \_\_\_\_\_ Married  Single  (if married need spouse information)  
Accident Prevention Course: yes  no  Date: \_\_\_\_\_ Tickets & or accidents in the past 4 years: yes  no  Provide details Below.  
\_\_\_\_\_  
\_\_\_\_\_

2. Spouse's Name (Mr., Mrs.): \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
License#: \_\_\_\_\_ SS#: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation -Industry: \_\_\_\_\_  
Email: \_\_\_\_\_ Accident Prevention Course: yes  no  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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_