

Branch _____
Date Rec'd _____
Date needed _____



Toms River 732-349-2300 ~ Lacey 609-607-4100 ~ Manahawkin 609-296-5444



Point Pleasant 732-892-2502

Attn: Personal Automobile Insurance Information Work Sheet

Named Insured: _____

Address: _____ **Town** _____ **Zip Code** _____

Phone Numbers: Mobile _____ **other** _____

Email: _____ (required for EFT and paperless discounts)

Current Carrier: _____ **Policy #** _____ **Current liability limits** _____

How long continuous coverage? _____ **Original Eff Date:** _____ **Expiration Date:** _____

If Cancelled/Nonrenewed - Date: _____ **Why:** Insured Request (Proof Req'd) Non-Pay 2% or Other _____

<u>Vehicles:</u>	Year	Make and Model	Primary driver	Vin #	Miles to work	Miles/yr	own/lease/finance
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____

Are any vehicles used to drive for a rideshare company such as Uber or Lyft? Yes No

If yes please indicate which vehicle and driver _____ How many hours per week? _____

Do you own a business? _____ Are any vehicles used for business? _____ If yes list vehicle & type of business _____

Household members (please list ALL members of the household):

Name as appears on License	Date of birth/age licensed	marital status	Occupation	College (degree earned)	Not licensed	Own insurance	DL#
1	_____/____	_____	_____	_____	_____	_____	_____
2	_____/____	_____	_____	_____	_____	_____	_____
3	_____/____	_____	_____	_____	_____	_____	_____
4	_____/____	_____	_____	_____	_____	_____	_____
5	_____/____	_____	_____	_____	_____	_____	_____
6	_____/____	_____	_____	_____	_____	_____	_____

Please indicate any known tickets/accidents for all driver (include date, details claim amount):

Coverage Requested: Limit(s) of Liability: _____ **PIP Options** _____

Deductibles(comprehensive/collision): Veh 1 _____ Veh 2 _____ Veh 3 _____ Veh 4 _____

Additional credits available for discount:

Do you own your home? _____ Name of home insurance company _____

Good student discount for young drivers with B average or better (name) _____

Driver Training (6hr behind the wheel) _____ Defensive driver course completed? _____

Are you interested in a discount for participating in a usage based driving program(tracking device or phone app)? _____

Do you qualify for any of these discounts?

AAA Metlife life insurance Defensive driver military Other special interest _____

**Certain occupations may qualify for discount-please fill in above (driver's section). Ex. We have a special teachers program.

Pay in full discount? _____ EFT discount(monthly deduction)? _____ Paperless Discount? _____