



American Indian Insurance Services

AUTOMOBILE INSURANCE REQUEST FORM CURRENT INSURANCE COMPANY: _____

Today's date: _____

Name of individual completing this form _____

Proposed Insured Name: _____

Day Phone _____ Evening Phone _____

Street Address: _____ City & Zip: _____

Email address _____

PEOPLE >

How many licensed drivers are in your household?

Please list each person who lives in your household, including children >

If you are providing the Drivers License numbers do we have your permission to run your DMV Report? Yes or No (Please circle)

#1 Name: _____ Date of birth: ____/____/____ Dr. Lic# _____

Employer: _____ Occupation: _____ How Long _____

Employers Address: _____

Type of Business _____ Marital Status: Married Single Divorced Widowed

#2 Name: _____ Date of birth: ____/____/____ Dr. Lic# _____

Employer: _____ Occupation: _____ How Long _____

Employers Address: _____

Type of Business _____ Marital Status: Married Single Divorced Widowed

#3 Name: _____ Date of birth: ____/____/____ Dr. Lic# _____

Employer: _____ Occupation: _____ How Long _____

Employers Address: _____

Type of Business _____ Marital Status: Married Single Divorced Widowed

#4 Name: _____ Date of birth: ____/____/____ Dr. Lic# _____

Employer: _____ Occupation: _____ How Long _____

Employers Address: _____

Type of Business _____ Marital Status: Married Single Divorced Widowed

#5 Name: _____ Date of birth: ____/____/____ Dr. Lic# _____

Employer: _____ Occupation: _____ How Long _____

Employers Address: _____

Type of Business _____ Marital Status: Married Single Divorced Widowed

Additional information or comments: _____

Any accidents or violation: _____



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VEHICLES >

How many vehicles do you (or your spouse) own or lease? _____

Please list each of these vehicles below and advise how they currently are used & annual mileage>

#1 Year: _____ Make: _____ Model: _____ Use: _____ VIN#: _____

Finance Company name and address: _____

#2 Year: _____ Make: _____ Model: _____ Use: _____ VIN#: _____

Finance Company name and address: _____

#3 Year: _____ Make: _____ Model: _____ Use: _____ VIN#: _____

Finance Company name and address: _____

#4 Year: _____ Make: _____ Model: _____ Use: _____ VIN#: _____

Finance Company name and address: _____

#5 Year: _____ Make: _____ Model: _____ Use: _____ VIN#: _____

Finance Company name and address: _____

Odometer reading on each vehicle:

Vehicle #1 _____ Vehicle #2 _____ Vehicle #3 _____

Vehicle #4 _____ Vehicle #5 _____

Other Vehicles: _____

Miles One Way: (to place of business or school):

Vehicle #1 _____ Vehicle #2 _____ Vehicle #3 _____

Vehicle #4 _____ Vehicle #5 _____

Annual mileage on each vehicle:

Vehicle #1 _____ Vehicle #2 _____ Vehicle #3 _____

Vehicle #4 _____ Vehicle #5 _____

Other Vehicles: _____

Are any vehicles a 4 x 4: _____ If Yes, please specify which vehicle/s: _____

Are any of the above vehicles not owned by you? _____ If yes, which ones don't you own? 1 2 3 4

Have any of the above vehicles been customized in any way? _____ If yes Describe:

Vehicle # _____ was customized or modified as follows: _____

Vehicle # _____ was customized or modified as follows: _____

Have any of the above vehicles been refinanced or paid off? If Yes Describe:

Vehicle # _____ was Paid-off _____ or Refinanced through _____

Vehicle # _____ was Paid-off _____ or Refinanced through _____

Additional information or comments: _____

Please specify if vehicles have anti lock brakes:



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LIMITS OF INSURANCE REQUESTED:

Liability Limits requested _____ amount: _____

Property Damage: _____ other amount: _____

Comp and Collision requested: _____ other amount: _____

Rental requested: _____ Towing requested: _____ Medical requested: _____ other amount: _____

Uninsured Motorist: _____

POTENTIAL DISCOUNTS *Check off the auto insurance discounts to which you believe you're entitled*

- Passive restraint system - Requires both airbags and automatic seatbelts.
- Anti-Lock brakes - Requires automatic ABS factory-installed anti-lock braking system.
- Daytime running lights - Requires automatic factory-installed headlights that are on continuously during the day.
- Defensive driver course - For all drivers who have completed an approved course.
- Driver training credit - For licensed drivers under the age of 18.
- Good student credit - Applies when youthful drivers maintain a 3.0 or higher.
- Car pool credit - Applies if you carpool at least 5 days a week with at least 4 other people.
- Long-term policyholder credit - Applies when you've had a policy with same company for 5 years.
- Loss-free record - Applies when you've gone without an auto claim for 5 consecutive years.
- Multi-car discount - When there are two or more cars insured on the same policy.
- Home & car credit - Discounts off each policy when both are insured with the same company.

Anti-theft device - Discounts vary by type of device installed. Which do you have?

- Electronic tracking device
- Passive theft disabling device
- Alarms, plus an active anti-theft disabling device
- Window etching vehicle ID system

Other: _____

EXTRA PROTECTION *Check off the extra coverages on which you would like information*

- Car rental coverage - in case of an accident, stolen car, or other insured event.
- Extra towing & labor coverage - in case of a breakdown, flat tire, etc.
- Higher limits of liability protection - in case you're involved in a serious accident.
- Higher limits of no-fault protection - in case you're injured in an auto accident.
- Special coverage for your auto sound system.
- Identity-theft
- Homeowners, Condo-unit, or renters insurance
- Motorcycle, RV, snowmobile or golf cart



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- \$1,000,000 umbrella policy (or higher)
- Boat insurance
- Business insurance:
- Home-based Other
- Flood insurance
- Low-cost term life insurance
- College savings plans Health insurance
- Personal income protection
- Retirement planning
- Long-term care Other: _____

I am interested in information on the above protection. Please contact me by

Email _____ Regular Mail

Home Phone _____ Work Phone _____

Enter any additional comments concerning your insurance in the space below.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS IMPORTANT FORM. PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY MAIL, FAX, OR EMAIL TO >

Mailing address: **American Indian Insurance Services**
2123 Third Street La Verne, CA 91750

Fax: (909) 593-4448

Email to: chrisa314@outlook.com

QUESTIONS? (844) 611-5565