

Global Insurance Agency, LLC
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Sale Rep

AUTO INSURANCE APPLICATION

Date: _____ Requested Effective Date: _____

Applicant's name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Date of Birth: _____ SS# _____ Driver's License # _____

Date Licensed, if less than 4 years _____ Age Originally licensed _____

Do you have points on your license? Yes _____ No _____, if so, how many points? _____

Have your license been suspended or revoke within the last 5 years? Yes _____ No _____ if so, when _____

Do you own a house: Yes _____ No _____

Have you completed a defensive driving course within the last 3 years: Yes _____ No _____

Highest Educational Level: High School _____ Some College _____ College Degree _____ Graduate School _____

Are you married? Yes _____ No _____, If so, complete section # 2, otherwise skip to section # 3.

Spouse's Name: _____ DOB: _____ SS# _____

Driver's License: _____ Age Licensed _____

Does your spouse have points on his/her license? Yes _____ No _____, if so, how many points? _____

Has her/his license been suspended or revoke within the last five (5) years? Yes _____ No _____ if so, when _____

Have you completed a defensive driving course within the last 3 years: Yes _____ No _____

Highest Educational Level: _____ High School _____ Some College _____ College Degree _____ Graduate School _____

ADDITIONAL DRIVERS

1. Name: _____ DOB: _____ Relationship to insured: _____
Driver's License: _____ Age Licensed _____

2. Name: _____ DOB: _____ Relationship to insured: _____
Driver's License: _____ Age Licensed _____

3. Name: _____ DOB: _____ Relationship to insured: _____
Driver's License: _____ Age Licensed _____

VEHICLE INFORMATION

Vehicle 1

Year: _____

Make: _____

Model: _____

VIN #: _____

Leased _____ Financed _____ Owned _____

Vehicle 2

Year: _____

Make: _____

Model: _____

VIN #: _____

Leased _____ Financed _____ Owned _____

Vehicle 3

Year: _____

Make: _____

Model: _____

VIN #: _____

Leased _____ Financed _____ Owned _____

What's the name of your current insurance company? _____

What's your current insurance premium? \$ _____ Every Six Months _____ Annual _____

DESIRED COVERAGE

Liability Coverage: \$250/500 _____ \$100/300 _____ \$50/300 _____ Other: _____

Comprehensive: _____ Deductible Amount: \$500 _____ Other: _____

Collision: _____ Deductible Amount: \$500 _____ Other: _____

List all Violation and Accidents within the past 5 years.

Driver	Violation/Accident	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is any of the driver's listed on the application a student with at least a GPA of 3.0 or B Grade? _____

Do you have Health Insurance that would pay your medical bills in the event of an accident? _____

If So, please provide the following information:

Company's Name: _____ Policy and/or Group #: _____

If possible provide us with a the declaration page of your current auto insurance so we can quote the same coverage and the information for all lien holders, if any.

Applicant's Signature

Date

Sent/Referred by: _____ send quote to: _____
Print name and number (Fax # or E-mail)