

Haymond Insurance Automobile Information Request Form:

Customer: _____
 Address: _____
 Phone Number _____

Prior Carrier _____ How Long: _____

Household Members:

Name: _____	Date of Birth _____	M/F	Married/Single
Name: _____	Date of Birth _____	M/F	Married/Single
Name: _____	Date of Birth _____	M/F	Married/Single
Name: _____	Date of Birth _____	M/F	Married/Single

Driver 1: SSN: _____	DL _____	Rated/Excluded
Driver 2: SSN: _____	DL _____	Rated/Excluded
Driver 3: SSN: _____	DL _____	Rated/Excluded
Driver 4: SSN: _____	DL _____	Rated/Excluded

Accidents:	Tickets:
Driver 1 _____	Driver 1 _____
Driver 2 _____	Driver 2 _____
Driver 3 _____	Driver 3 _____
Driver 4 _____	Driver 4 _____

Vehicle Description:

Year, Make & Model	Usage	VIN (makes rating more accurate)
_____	W/S/B/P	_____
_____	W/S/B/P	_____
_____	W/S/B/P	_____
_____	W/S/B/P	_____

Coverage Information:

Vehicle 1/ BI/PD	UM/UIM	PIP	Comp/Coll
Vehicle 2/ BI/PD	UM/UIM	PIP	Comp/Coll
Vehicle 3/ BI/PD	UM/UIM	PIP	Comp/Coll
Vehicle 4/ BI/PD	UM/UIM	PIP	Comp/Coll

Vehicle 1: Number of Airbags: _____	Anti-Lock Brakes: _____	Security System: Y/N
Vehicle 2: Number of Airbags: _____	Anti-Lock Brakes: _____	Security System: Y/N
Vehicle 3: Number of Airbags: _____	Anti-Lock Brakes: _____	Security System: Y/N
Vehicle 4: Number of Airbags: _____	Anti-Lock Brakes: _____	Security System: Y/N