

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