



**1. Tell us about yourself**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: (     ) \_\_\_\_\_ Present insurance company (if none, explain): \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you own your home?  Yes  No Your current policy expires (mo/day/yr):     /     /

If you have an RV, do you live in it full-time?  Yes  No Auto liability limits:  \$250,000/\$500,000  \$100,000/\$300,000

Occupation: \_\_\_\_\_  Other  \$50,000/\$100,000  \$25,000/\$50,000

Do you currently have any of the following?  GM Card  GMAC Mortgage  GMAC Auto Financing

**2. Tell us about your vehicle(s) (List all vehicles you want insured)**

Veh.	Year	Make (Chevrolet/Monaco)	Model (Cavalier/Dynasty)	Body (4 Dr./Motorhome)	Length (RV only)	Driven to Work/School		Estimated Annual Mileage
						Miles one way	Days per week	
1								
2								
3								

  

Veh.	Used in Business or Route Vehicle? If Yes, Describe Use	Kept at Residence?	If No - Address Kept If Yes - On Street or Off Street	Equipped with Anti-Lock Brakes?	Equipped with Automatic Seatbelts or Airbags?	Equipped with OnStar?
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. Tell us about all drivers in your household (Be sure to include yourself)**

Name	Relationship	Date of Birth	Sex	Marital Status	Years Licensed	Commercial Drivers License or Class B?	Social Security Number	Percentage of Use		
								Vehicle 1	Vehicle 2	Vehicle 3
	Self					<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number Required for Head of Household Only			
						<input type="checkbox"/> Yes <input type="checkbox"/> No				

**4. Tell us about your claim history** *List any moving violations, suspensions, revocations, accidents — regardless of fault — in the past 5 years and comprehensive losses over \$1,000. Residents in Oregon list only past 3 years.*

Driver	Date	Type of Accident or Traffic Violation	Amount of Damage	Anyone Injured?
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. coverage loss greater than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. coverage loss greater than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Moving violation <input type="checkbox"/> License revocation <input type="checkbox"/> Comp. coverage loss greater than \$1000 <input type="checkbox"/> Not at fault accident <input type="checkbox"/> License suspension <input type="checkbox"/> At fault accident	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**YOUR STATE SAVINGS CODE** R - 21