



Please fax completed applications to 1-800-915-3922
Or E-mail to lindsay@sabalinsurance.com

Application for Personal Auto Insurance

GENERAL INFORMATION

Requested Effective Date of new policy ____/____/____

Name: _____
 Physical Address: _____
 Mailing Address: _____
 City: _____ State: _____ County: _____ Zip: _____
 Phone: _____ Email Address: _____
 How did you hear about us?: _____
 Do you have current auto insurance coverage? Yes No Current/Prior Carrier _____
 Was previous coverage non-renewed or cancelled? Yes No Expiration Date of current/prior policy ____/____/____

PLEASE LIST ALL DRIVERS IN HOUSEHOLD

#	Last Name	First Name	Relationship	Date of Birth	Drivers License Number	Age Licensed	Occupation
1							
2							
3							
4							
5							

VEHICLE INFORMATION:

No. 1 Year: _____ Make: _____ Model: _____ VIN: _____
 Vehicle Use: Pleasure Commute to work or school: mi/week _____ Business (explain) _____
 Coverage limits: BI _____ PD _____ UM _____ Comp ded _____ Collision ded _____
 Rental: Yes No Towing: Yes No Medical Payments _____
 Leased : Yes No Financed: Yes No Lessor/Leinholder: _____

VEHICLE INFORMATION:

No. 2 Year: _____ Make: _____ Model: _____ VIN: _____
 Vehicle Use: Pleasure Commute to work or school: mi/week _____ Business (explain) _____
 Coverage limits: BI _____ PD _____ UM _____ Comp ded _____ Collision ded _____
 Rental: Yes No Towing: Yes No Medical Payments _____
 Leased : Yes No Financed: Yes No Lessor/Leinholder: _____

VEHICLE INFORMATION

No. 3 Year: _____ Make: _____ Model: _____ VIN: _____
 Vehicle Use: Pleasure Commute to work or school: mi/week _____ Business (explain) _____
 Coverage limits: BI _____ PD _____ UM _____ Comp ded _____ Collision ded _____
 Rental: Yes No Towing: Yes No Medical Payments _____
 Leased : Yes No Financed: Yes No Lessor/Leinholder: _____

VEHICLE INFORMATION

No. 4 Year: _____ Make: _____ Model: _____ VIN: _____
 Vehicle Use: Pleasure Commute to work or school: mi/week _____ Business (explain) _____
 Coverage limits: BI _____ PD _____ UM _____ Comp ded _____ Collision ded _____
 Rental: Yes No Towing: Yes No Medical Payments _____
 Leased : Yes No Financed: Yes No Lessor/Leinholder: _____

ACCIDENTS/VIOLATIONS

Has any driver listed above had an accident, regardless of fault, or been convicted of a moving violation within the last 5 years?

Drv #	Date of Accident/Violation	Description	PIP benefits used?	BI or Death?	Amt of Property Damage

Signature of Applicant _____

Date _____