



AVERY
ANALYZE · ADVISE · ADVOCATE

PERSONAL INSURANCE - MOTOR VEHICLE

NAMED INSURED(S)									
FIRST NAMED INSURED:									
MAILING ADDRESS:									
PHONE:		EMAIL:		MARITAL STATUS:					
OCCUPATION:		EMPLOYER:		SSN:					
PRIOR ADDRESS (IF LESS THAN 3 YEARS AT CURRENT)				DOB:					
<i>PAPERLESS OR USPS: Some carriers offer a premium discount for opting to receive your policy documents and bills via email instead of by mail. Please let us know your preference.</i>					PAPERLESS/EMAIL REGULAR MAIL/US POSTAL SERV.				
SECOND NAMED INSURED:									
PHONE:		EMAIL:		MARITAL STATUS:					
OCCUPATION:		EMPLOYER:		SSN:					
RELATIONSHIP TO 1 ST NAMED INSD:				DOB:					
CURRENT COVERAGE INFORMATION									
INSURANCE COMPANY:		EXPIRATION DATE:							
BI/PD LIMIT:		UM BI/PD LIMIT:							
MED PAY LIMIT:		ANY LAPSE IN COVERAGE?							

VEHICLE INFORMATION										
PRIMARY GARAGING ADDRESS:										
	YEAR, MAKE, MODEL	VIN	COST NEW	COMP DED	COLL DED	RENTAL REIMB	TOWING	ANNUAL MILES	ALARM	VIN ETCH
1										
2										
3										
4										
5										
6										

DRIVER INFORMATION							
Include any licensed driver residing in your household, including those with learners permits or restricted licenses. Also, include any driver that regularly operates your vehicle, but does not reside in your household.							
	Name	Date of Birth	Relationship to Named Insured	DL # and State	Vehicle Driven Most	Away at school > 100 miles w/out a vehicle	Good Student
1							
2							
3							
4							
5							
6							

DRIVER AND LOSS HISTORY

1 Any tickets or moving violations for any driver within the past 5 years? <input type="checkbox"/> None <input type="checkbox"/> Yes, details provided below						
Driver	Date		Type of Violation (i.e. speeding, stop sign)			
2 Any accidents, glass or towing claims for any driver in the past 5 years? <input type="checkbox"/> None <input type="checkbox"/> Yes, details provided below						
Driver	Vehicle	Date of Loss	Loss Type	Description	Amount Paid	Claim closed or open?

LOSS PAYEE AND/OR ADDITIONAL INTEREST

Vehicle Financed	Vehicle Leased	Loss Payee/Finance Company's Name and Address

ADDITIONAL UNDERWRITING INFORMATION

1 Any vehicle used for ridesharing (Uber, Lyft, etc.)?	
2 Any vehicle with specialized or custom equipment?	
3 Any vehicle garaged at an address other than the primary garaging address provided?	
4 Any vehicle used for commercial or business purposes?	
5 Any vehicle titled to a person or entity other than the named insured(s)?	
6 Any driver requiring an SR22?	

Additional Comments:

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Avery Insurance

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