



# AUTO INSURANCE

**Agent :** J.D. Tanner & Associates  
5017 Colleyville Blvd.  
Colleyville, TX 76034  
800-609-1010 Toll Free  
817-485-3805 Fax

Applicant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
County: \_\_\_\_\_

PROPOSED EFFECTIVE DATE:  
From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M. Standard Time at the address of the Applicant  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### CURRENT INSURANCE INFORMATION

Company Name (not agency): \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Years insured: \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_ Term:  6 Months  1 Year  Other If Other: \_\_\_\_\_

### CAR #1

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Body Type:  2 Door  4 Door  Sedan  Truck  SUV  Minivan  Van  
 Convertible  Airbags  Car Alarm  
Annual Mileage: \_\_\_\_\_ Type:  School/Work  Pleasure  Both Number of Miles: \_\_\_\_\_ One way  
Vehicle ID# (VIN) \_\_\_\_\_ Title Holder Name: \_\_\_\_\_  
If vehicle is kept at an address other than that listed above, please indicate:  
Location City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CAR #2

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Body Type:  2 Door  4 Door  Sedan  Truck  SUV  Minivan  Van  
 Convertible  Airbags  Car Alarm  
Annual Mileage: \_\_\_\_\_ Type:  School/Work  Pleasure  Both Number of Miles: \_\_\_\_\_ One way  
Vehicle ID# (VIN) \_\_\_\_\_ Title Holder Name: \_\_\_\_\_  
If vehicle is kept at an address other than that listed above, please indicate:  
Location City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CAR #3

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Body Type:  2 Door  4 Door  Sedan  Truck  SUV  Minivan  Van  
 Convertible  Airbags  Car Alarm  
Annual Mileage: \_\_\_\_\_ Type:  School/Work  Pleasure  Both Number of Miles: \_\_\_\_\_ One way  
Vehicle ID# (VIN) \_\_\_\_\_ Title Holder Name: \_\_\_\_\_  
If vehicle is kept at an address other than that listed above, please indicate:  
Location City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CAR #4

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Body Type:  2 Door  4 Door  Sedan  Truck  SUV  Minivan  Van  
 Convertible  Airbags  Car Alarm  
Annual Mileage: \_\_\_\_\_ Type:  School/Work  Pleasure  Both Number of Miles: \_\_\_\_\_ One way  
Vehicle ID# (VIN) \_\_\_\_\_ Title Holder Name: \_\_\_\_\_  
If vehicle is kept at an address other than that listed above, please indicate:  
Location City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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**LIABILITY LIMIT For ALL Cars Choose one:**

1. Bodily Injury and Property Damage
- |                                            |                                    |
|--------------------------------------------|------------------------------------|
| <input type="checkbox"/> \$25,000 / 50,000 | <input type="checkbox"/> \$25,000  |
| <input type="checkbox"/> \$50,000/100,000  | <input type="checkbox"/> \$50,000  |
| <input type="checkbox"/> \$100,000/300,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$250,000/500,000 | <input type="checkbox"/> \$500,000 |

OR

2. Single Limit  \$60,000  \$100,000  \$300,000  \$500,000

**DEDUCTIBLES/COVERAGE**

- |                                                           |                                      |
|-----------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Personal Injury Protection       | <input type="checkbox"/> Rental      |
| <input type="checkbox"/> Medical Payments                 | <input type="checkbox"/> Towing      |
| <input type="checkbox"/> Uninsured/Underinsured Motorists | <input type="checkbox"/> Loss of Use |

| Car    | Comprehensive                                                                                      | Collision                                                                                           | Personal Injury Protection | Medical Payments         | Uninsured/Underinsured Motorists | Rental                   | Towing                   | Loss of Use              |
|--------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| Car #1 | <input type="checkbox"/> \$100<br><input type="checkbox"/> \$250<br><input type="checkbox"/> \$500 | <input type="checkbox"/> \$250<br><input type="checkbox"/> \$500<br><input type="checkbox"/> \$1000 | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Car #2 | <input type="checkbox"/> \$100<br><input type="checkbox"/> \$250<br><input type="checkbox"/> \$500 | <input type="checkbox"/> \$250<br><input type="checkbox"/> \$500<br><input type="checkbox"/> \$1000 | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Car #3 | <input type="checkbox"/> \$100<br><input type="checkbox"/> \$250<br><input type="checkbox"/> \$500 | <input type="checkbox"/> \$250<br><input type="checkbox"/> \$500<br><input type="checkbox"/> \$1000 | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Car #4 | <input type="checkbox"/> \$100<br><input type="checkbox"/> \$250<br><input type="checkbox"/> \$500 | <input type="checkbox"/> \$250<br><input type="checkbox"/> \$500<br><input type="checkbox"/> \$1000 | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Driver #1**

Driver's Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex:  Male  Female Marital Status:  Married  Single  
 Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Years Licensed: \_\_\_\_\_  
 Has your license ever been:  Suspended  Revoked Ever had a DUI conviction for:  Alcohol  Drugs  
 Social Security Number: \_\_\_\_\_  
 Courses Completed Last 3 yrs:  Drivers Ed  Accident Prevention

**Driver #2**

Driver's Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex:  Male  Female Marital Status:  Married  Single  
 Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Years Licensed: \_\_\_\_\_  
 Has your license ever been:  Suspended  Revoked Ever had a DUI conviction for:  Alcohol  Drugs  
 Social Security Number: \_\_\_\_\_  
 Courses Completed Last 3 yrs:  Drivers Ed  Accident Prevention



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**Driver #3**

Driver's Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex:  Male  Female Marital Status:  Married  Single  
 Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Years Licensed: \_\_\_\_\_  
 Has your license ever been:  Suspended  Revoked Ever had a DUI conviction for:  Alcohol  Drugs  
 Social Security Number: \_\_\_\_\_  
 Courses Completed Last 3 yrs:  Drivers Ed  Accident Prevention

**Driver #4**

Driver's Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex:  Male  Female Marital Status:  Married  Single  
 Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Years Licensed: \_\_\_\_\_  
 Has your license ever been:  Suspended  Revoked Ever had a DUI conviction for:  Alcohol  Drugs  
 Social Security Number: \_\_\_\_\_  
 Courses Completed Last 3 yrs:  Drivers Ed  Accident Prevention

**DRIVING VIOLATIONS**

Please list ANY moving traffic violation convictions for ANY driver in the past 3 years (do not include accidents)

| Driver | Date | Type of Conviction | Fines | Speed over Limit |
|--------|------|--------------------|-------|------------------|
|        |      |                    |       | mph              |
|        |      |                    |       | mph              |
|        |      |                    |       | mph              |
|        |      |                    |       | mph              |

**ACCIDENTS** - Please list ANY driver involved in accidents, regardless of fault, in the past 5 years

| Driver | Date | Description | Cost | Fines | Injuries?                                                | At Fault?                                                |
|--------|------|-------------|------|-------|----------------------------------------------------------|----------------------------------------------------------|
|        |      |             | \$   | \$    | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|        |      |             | \$   | \$    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough room above, such as additional drivers, vehicles, driver histories, etc..., please enter them here.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_