



Personal Auto — Application

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305 17th Street, Huntington Beach, CA 92648

Personal Information:

First Name: Last Name:

Garaging Address (if different from mailing): City State ZIP

Mailing Address: City State ZIP

Telephone Number: Fax Number:

E-mail Address: How did you find us:

Employer's Name: Employer's Address:

Driver Information:

Driver 1: First Name: Last Name:

Birthdate: Sex: Marital Status: Occupation:

Years Licensed: Driver's License#: State: Qualifying Discount:

Violations: Minors (last 3 years) / Majors (last 7-10 years)

- Minor Violations - Speeding, Failure to Stop, etc...
Accidents - Non Chargeable
Accidents - Chargeable
Major Violations - Drunk Driving, Reckless, Hit & Run, etc...

Driver 2: First Name: Last Name:

Birthdate: Sex: Marital Status: Occupation:

Years Licensed: Driver's License#: State: Qualifying Discount:

Violations: Minors (last 3 years) / Majors (last 7-10 years)

- Minor Violations - Speeding, Failure to Stop, etc...
Accidents - Non Chargeable
Accidents - Chargeable
Major Violations - Drunk Driving, Reckless, Hit & Run, etc...

Driver 3: First Name: Last Name:

Birthdate: Sex: Marital Status: Occupation:

Years Licensed: Driver's License#: State: Qualifying Discount:

Violations: Minors (last 3 years) / Majors (last 7-10 years)

- Minor Violations - Speeding, Failure to Stop, etc...
Accidents - Non Chargeable
Accidents - Chargeable
Major Violations - Drunk Driving, Reckless, Hit & Run, etc...

Driver 4: First Name: _____ Last Name: _____

Birthdate: _____ Sex: _____ Marital Status: _____ Occupation: _____

Years Licensed: _____ Driver's License#: _____ State: _____ Qualifying Discount: _____

Violations: Minors (last 3 years) / Majors (last 7-10 years)

_____ Minor Violations - Speeding, Failure to Stop, etc...

_____ Accidents - Non Chargeable

_____ Accidents - Chargeable

_____ Major Violations - Drunk Driving, Reckless, Hit & Run, etc...

Driver 5: First Name: _____ Last Name: _____

Birthdate: _____ Sex: _____ Marital Status: _____ Occupation: _____

Years Licensed: _____ Driver's License#: _____ State: _____ Qualifying Discount: _____

Violations: Minors (last 3 years) / Majors (last 7-10 years)

_____ Minor Violations - Speeding, Failure to Stop, etc...

_____ Accidents - Non Chargeable

_____ Accidents - Chargeable

_____ Major Violations - Drunk Driving, Reckless, Hit & Run, etc...

Driver 6: First Name: _____ Last Name: _____

Birthdate: _____ Sex: _____ Marital Status: _____ Occupation: _____

Years Licensed: _____ Driver's License#: _____ State: _____ Qualifying Discount: _____

Violations: Minors (last 3 years) / Majors (last 7-10 years)

_____ Minor Violations - Speeding, Failure to Stop, etc...

_____ Accidents - Non Chargeable

_____ Accidents - Chargeable

_____ Major Violations - Drunk Driving, Reckless, Hit & Run, etc...

Vehicle Information:

Vehicle 1: Year: _____ Make: _____ Model: _____

Vehicle I.D.#: _____ Vehicle Usage: _____

Miles driven one-way (from home to work / school): _____ Annual Miles: _____

Name of Primary Driver: (First, Last) _____

Garaging Address (if different from mailing): _____ City _____ State _____ ZIP _____

Vehicle 2: Year: _____ Make: _____ Model: _____

Vehicle I.D.#: _____ Vehicle Usage: _____

Miles driven one-way (from home to work / school): _____ Annual Miles: _____

Name of Primary Driver: (First, Last) _____

Garaging Address (if different from mailing): _____ City _____ State _____ ZIP _____

Vehicle 3: Year: _____ Make: _____ Model: _____
Vehicle I.D.#: _____ Vehicle Usage: _____
Miles driven one-way (from home to work / school): _____ Annual Miles: _____
Name of Primary Driver: (First, Last) _____
Garaging Address (if different from mailing): _____ City _____ State _____ ZIP _____

Vehicle 4: Year: _____ Make: _____ Model: _____
Vehicle I.D.#: _____ Vehicle Usage: _____
Miles driven one-way (from home to work / school): _____ Annual Miles: _____
Name of Primary Driver: (First, Last) _____
Garaging Address (if different from mailing): _____ City _____ State _____ ZIP _____

Vehicle 5: Year: _____ Make: _____ Model: _____
Vehicle I.D.#: _____ Vehicle Usage: _____
Miles driven one-way (from home to work / school): _____ Annual Miles: _____
Name of Primary Driver: (First, Last) _____
Garaging Address (if different from mailing): _____ City _____ State _____ ZIP _____

Vehicle 6: Year: _____ Make: _____ Model: _____
Vehicle I.D.#: _____ Vehicle Usage: _____
Miles driven one-way (from home to work / school): _____ Annual Miles: _____
Name of Primary Driver: (First, Last) _____
Garaging Address (if different from mailing): _____ City _____ State _____ ZIP _____

Coverages Information:

Bodily Injury: _____ (Recommended minimum: 100,000 / 300,000)
Property Damage: _____ (Recommended minimum: 100,000)
Uninsured Motorist: _____ (Recommended minimum: 100,000 / 300,000)
Medical Coverage: _____ (Recommended 5,000)
Collision Deductible Waiver / (UMPD) Uninsured Motorist Property Damage: _____ (Recommended)
Special Equipment — not installed at manufacturer: _____ If yes, what is value? _____

Deductible Information:

Description	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
Comprehensive: <i>(price break is at 500)</i>	_____	_____	_____	_____	_____	_____
Collision: <i>(price break is at 500)</i>	_____	_____	_____	_____	_____	_____
Towing:	_____	_____	_____	_____	_____	_____
Rental: <i>(recommended if no 2nd car)</i>	_____	_____	_____	_____	_____	_____

Miscellaneous Information:

Current Insurance Company: _____ Expiration Date: _____
Current Premium: \$ _____ Continuously Insured: _____
Questions or Comments to help the Agent: