

ABOUT YOUR VEHICLES. Please include all vehicles owned, co-owned or leased by you and/or your spouse.

Vehicle 1

Year/Make/Model _____

V.I.N. _____

Cost new _____

Annual mileage _____

If driving to work or school, indicate days per week and distance one way _____

Modifications or customizations _____

Driver-side air bags Yes No

Passenger-side air bags

Anti-lock brakes

Anti-theft device

CB/Car phone

Non-factory stereo

Comprehensive Coverage

Collision Coverage

Percentage of use by each driver:

+ + + = 100%

Driver 1 Driver 2 Driver 3 Driver 4

Vehicle 2

Year/Make/Model _____

V.I.N. _____

Cost new _____

Annual mileage _____

If driving to work or school, indicate days per week and distance one way _____

Modifications or customizations _____

Driver-side air bags Yes No

Passenger-side air bags

Anti-lock brakes

Anti-theft device

CB/Car phone

Non-factory stereo

Comprehensive Coverage

Collision Coverage

Percentage of use by each driver:

+ + + = 100%

Driver 1 Driver 2 Driver 3 Driver 4

Vehicle 3

Year/Make/Model _____

V.I.N. _____

Cost new _____

Annual mileage _____

If driving to work or school, indicate days per week and distance one way _____

Modifications or customizations _____

Driver-side air bags Yes No

Passenger-side air bags

Anti-lock brakes

Anti-theft device

CB/Car phone

Non-factory stereo

Comprehensive Coverage

Collision Coverage

Percentage of use by each driver:

+ + + = 100%

Driver 1 Driver 2 Driver 3 Driver 4

Vehicle 4

Year/Make/Model _____

V.I.N. _____

Cost new _____

Annual mileage _____

If driving to work or school, indicate days per week and distance one way _____

Modifications or customizations _____

Driver-side air bags Yes No

Passenger-side air bags

Anti-lock brakes

Anti-theft device

CB/Car phone

Non-factory stereo

Comprehensive Coverage

Collision Coverage

Percentage of use by each driver:

+ + + = 100%

Driver 1 Driver 2 Driver 3 Driver 4

Are any of the above vehicles used in a carpool, for farming, ranching, or business other than driving to and from work? Yes No

If yes, please explain.

Vehicle # _____

Vehicle # _____

Are any of these vehicles kept away from your home address? Yes No

(Including students with cars at school.) If yes, give location/address.

If any of the above vehicles are pickup trucks, vans or recreational vehicles, please provide the following information:

Vehicle # _____	Year purchased _____	Vehicle # _____	Year purchased _____
Purchase price _____		Purchase price _____	
<input type="checkbox"/> 1/2 ton	<input type="checkbox"/> 4-wheel	<input type="checkbox"/> 1/2 ton	<input type="checkbox"/> 4-wheel
<input type="checkbox"/> 1 ton	<input type="checkbox"/> 6-wheel	<input type="checkbox"/> 1 ton	<input type="checkbox"/> 6-wheel
<input type="checkbox"/> More than 1 ton	<input type="checkbox"/> Camper top	<input type="checkbox"/> More than 1 ton	<input type="checkbox"/> Camper top
<input type="checkbox"/> Cap		<input type="checkbox"/> Cap	

NOTE: If additional space is needed to answer any of these questions, please use a separate sheet of paper.

MAKE THE SAFE & SOUND SAFETY® PLEDGE. *Optional*

Save up to 10% by making the Safe & Sound Safety Pledge.*

I hereby pledge to make my best effort to ensure my safety and the safety of my passengers by:

- Wearing my seatbelt whenever I drive or ride in a vehicle.
- Insisting that my passengers and other drivers of my motor vehicle wear their seatbelts and/or child restraints 100% of the time.
- Not drinking or using drugs before or while driving.
- Driving defensively and obeying all traffic laws.
- Avoiding distractions that interfere with being a safe driver (eating, talking on the phone, etc.).
- Sharing the information I will receive on automobile safety with all members of my family.

Signature _____ Date _____

*Discount not available in all states.

READ AND SIGN THIS STATEMENT. *Required*

I declare that the information I have provided is true. I understand that the premiums quoted are based upon information I have provided and are subject to change if such information is incomplete or inaccurate.

Missing information will delay processing.

Signature _____ Date _____

Social Security Number _____

Date you'd like policy to be effective _____