



UNITED PREFERRED INSURANCE SERVICES INC.

Auto Insurance

Drivers (If additional drivers are needed please use another form)

Primary Driver Name (First and Last) _____

Primary Drivers Email _____ Phone # _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Gender ()Male ()Female Marital Status _____

Date of Birth ____/____/____

Drivers License # _____ State Licensed _____

Occupation _____

Any tickets or accidents in the last 3 years (please describe to get accurate quote) _____

Additional Driver Name (First and Last) _____

Gender ()Male ()Female Relationships to primary owner _____

Date of Birth ____/____/____

Driver's License # _____ State Licensed _____

Occupation _____

Any tickets or accidents in the last 3 years (please describe to get accurate quote)

Vehicle Info (If additional vehicles are needed please use another form)

#1 Year _____ Make _____ Model _____

VIN # _____ ()Owned ()Leased

Approximate Annual Miles _____ Approximate Current Odometer _____

Is your vehicle currently insured ()Yes ()No ; If no when was car purchased ____/____/____

If yes current carrier name _____ When does your current policy expire ____/____/____

#2 Year _____ Make _____ Model _____

VIN # _____ ()Owned ()Leased

Approximate Annual Miles _____ Approximate Current Odometer _____

Is your vehicle currently insured ()Yes ()No ; If no when was car purchased ____/____/____

If yes current carrier name _____ When does your current policy expire ____/____/____

#3 Year _____ Make _____ Model _____

VIN # _____ ()Owned ()Leased

Approximate Annual Miles _____ Approximate Current Odometer _____

Is your vehicle currently insured ()Yes ()No ; If no when was car purchased ____/____/____

If yes current carrier name _____ When does your current policy expire ____/____/____

#4 Year _____ Make _____ Model _____

VIN # _____ ()Owned ()Leased

Approximate Annual Miles _____ Approximate Current Odometer _____

Is your vehicle currently insured ()Yes ()No ; If no when was car purchased ____/____/____

If yes current carrier name _____ When does your current policy expire ____/____/____

Coverages (bolded numbers are average)

Liability ()\$15,000/\$30,000 ()\$25,000/\$50,000 ()\$50,000/\$100,000

()\$100,000/\$300,000 ()\$250,000/\$500,000

Property Damage ()\$10,000 ()25,000 ()\$50,000 ()\$100,000 ()\$250,000 ()\$500,000

Collision Deductible ()\$500 ()\$1,000 ()\$2,000 Comprehensive Deductible ()\$500 ()\$1,000 ()\$2,000

Do you want towing added to your insurance coverage ()Yes ()No

Do you want rental car coverage added to your insurance coverage ()Yes ()No

(United Preferred Insurance will call you within 48 hours on business days or you can email this form and any insurance info to Admin@UnitedPreferredInsurance.com)