



# Personal Auto Application

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Agent ID: \_\_\_\_\_ Branch ID#: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Primary SSN#: \_\_\_\_\_

Marital Status:  Married – *IF MARRIED WE MUST HAVE SPOUSE INFORMATION*  Single

Spouse Name: \_\_\_\_\_ Spouse SSN#: \_\_\_\_\_

Currently Insured:  Y Name of Current Carrier: \_\_\_\_\_  N

Premium Amount: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Living Status:  Rent  Home Owner ( If homeowner - We do not recommend state minimum . )

Limits of Liability Desired:  State Min 25/50/25  50/100/50  100/300/100 300  300 CSL or more

UM Desired  Y  N If yes amount: \$ \_\_\_\_\_ Medical Payments  Y  N

Rental Coverage  Y  N State Filings:  SR22  SR22A How long have you had this vehicle \_\_\_\_\_

Any Losses: ( Y  or N  ) if Yes: Enter the Claims information below in detail:

Policy Date	Company Name	Premium Amount	Policy #	# of Claims	Total Paid Out

## VEHICLE

Yr	Make/Model	VIN	Deductible

## DRIVERS

#	Name	DOB	DL #/State	Violations	Relationship
					INSURED

Comments: