



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Personal Auto Insurance

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 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <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 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <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 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <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 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <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: _____



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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: _____