

Ferrer Insurance Services Inc.

Auto Insurance Application

Name _____ Mailing Address _____

Garage location (if different from mailing address) _____

Phone # _____ Fax _____ email _____

Vehicle Description

Year/Make/Model _____

Value of Vehicle _____

Wheelchair Ramp _____

Hydraulic Lift & Value _____

Vehicle ID _____

of Days Car Used _____

Annual Mileage _____

Usage (radius) _____

Personal Use _____

Anti lock brakes _____

Seating Capacity _____

Alarm System _____

Number of Errands per day _____

Driver Information

Drivers _____

Moving Violation _____

Accident _____

Sex/Marital Status _____

Date of Birth _____

#of yrs licensed _____

License # _____

Occupation _____

Employer _____

Employer ID # _____

SSS# _____

Prior Insurance Carrier/Expiration/Policy # _____

Lienholder _____ Additional Insured _____

Address _____

Loan # _____

Additional Information:

Year business established _____

Year President / CEO started in occupation _____

I hereby warrant the truth of my above statements and answers and I have not withheld any information which is calculated to influence the judgment of the company in considering this application for auto insurance.

Signature of Applicant _____ Date _____