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All Counties Insurance Agency of Florida, Inc.



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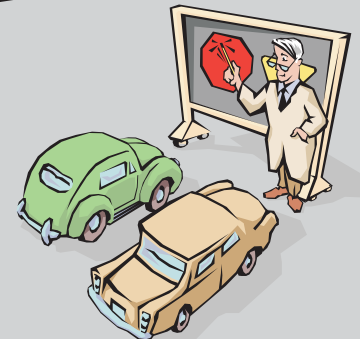
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www.PassTheClassTrafficSchool.com



Name _____
Address (mailing) _____
City _____
State _____
Zip _____
Phone _____
Best time to call:
 Morning Afternoon Evening
Fax _____
E-mail _____

Automobile (1):

Year _____ Make _____
Model _____
VIN # _____
 Air Bags Anti-Lock Brakes Alarm
 Driver Ed Classes

Automobile (2):

Year _____ Make _____
Model _____
VIN # _____
 Air Bags Anti-Lock Brakes Alarm
 Driver Ed Classes

Automobile (3):

Year _____ Make _____
Model _____
VIN # _____
 Air Bags Anti-Lock Brakes Alarm
 Driver Ed Classes

Drivers in Household:

Name _____
Date of Birth _____
Married/Single _____
SS # _____
License # _____
Occupation _____

Drivers in Household (cont'd):

Name _____
Date of Birth _____
Married/single _____
Relationship to you _____
License # _____
Occupation _____

Name _____
Date of Birth _____
Married/single _____
Relationship to you _____
License # _____
Occupation _____

Driving History (past 5 years) _____

Has any driver had his/her license suspended or revoked: Yes No

Claims History (past 5 years) _____

Present Insurance Co.: _____

Expiration Date: _____

Annual Premium: \$ _____

Current Liability Limits

Bodily Injury _____
Property Damage _____
Uninsured Motorist _____
Medical Payments _____
Collision Deductible _____
Comprehensive Deductible _____
Towing _____
PIP _____
Rental _____

Property:

Single Family Condo Landlord
 Manufactured Vacant/For Sale
Property Address: _____

Year Home Built _____
Style/Number of Stories _____
Sq. Footage _____
 Pool Screened or Fenced
Type/Age of Roof _____
Usage: Primary Secondary Seasonal (less than 6 months) Rented

Construction:

Wood Frame Brick Veneer
 Solid Brick Aluminum/Vinyl Siding
 Manufactured Home
_____ Feet from Hydrant
_____ Miles to Fire Station

Protection Devices:

Smoke Detector Fire Extinguisher
 Dead Bolt Locks Monitored Fire Alarm
 Monitored Burglar Alarm

Present Insurance Co.: _____

Expiration Date: _____

Annual Premium: _____

Coverage Amount: \$ _____

Claim History in the last five years? If yes please explain: _____

Please check here if you are interested in more information about:

Personal Umbrella Liability Protection
 Boat/Jet Ski/Golf Cart Insurance
 Flood Insurance
 Replacement Cost Estimate of your home
 Motorcycle, RV, Travel Trailer