



MARSHALL & STERLING INSURANCE

"Our People Are Your Best Insurance"

Leeds ~ Saratoga Springs

Tel. (800) 724-0695 or (518) 943-3900 Fax (518) 943-7440

300 Route 23B, Leeds, N.Y. 12451 Website: www.marshallsterling.com/leeds ♦ Email: grs@marshallsterling.com

AUTO APPLICATION

Name			
Address			
Garage (if different)			
Telephone	(H)	(W)	(Fax)
Email Address			
Current Carrier	Expiration Date:		Yrs. Insured:

Driver Information

	Date of Birth:	Vehicle Driven Most: # _____	Social Security #	Male	Female
License # :	Years Licensed:		Defensive Driving Driver Training (21 years of age & younger) Good Student Credit (B+ Average) Other _____	Married	Single
Accidents/Tickets	Date:	Description:			
DWI/DWAI					
	Date of Birth:	Vehicle Driven Most: # _____	Social Security #	Male	Female
License # :	Years Licensed:		Defensive Driving Driver Training (21 years of age & younger) Good Student Credit (B+ Average) Other _____	Married	Single
Accidents/Tickets	Date:	Description:			
DWI/DWAI					
	Date of Birth:	Vehicle Driven Most: # _____	Social Security #	Male	Female
License # :	Years Licensed		Defensive Driving Driver Training (21 years of age & younger) Good Student Credit (B+ Average) Other _____	Married	Single
Accidents/Tickets	Date:	Description:			
DWI/DWAI					

I attest that information put forth in this application is correct and understand it will be used for quoting purposes only.

Signature _____

Date _____

Policy Limits

Liability Limit	SUM	Personal Injury Protection
Combined Single Limit 50,000 100,000 300,000 500,000 Other	Combined Single Limit 50,000 100,000 300,000 500,000 Other	50,000 75,000 100,000 150,000 200 ded OBEL (addt'l \$25,000)
OR		
Split Limits Bodily Injury 50/100 100/300 250/500 Other	Split Limits 25/50 50/100 100/300 250/500	Medical Payments 1,000 5,000 10,000 Other
Property Damage 50,000 100,000 300,000 500,000 Other		

Spousal Liability
 Yes, I Would Like Spousal Liability
 I Reject Spousal Liability _____ (please initial)

Vehicle Number	Comprehensive Deductible (\$)	Collision Deductible (\$)	Towing (\$)	Rental (\$) Reimbursement
#1	50 100 250 500 1000 Full Glass	200 250 500 1000	25 50 75	15 20 30
#2	50 100 250 500 1000 Full Glass	200 250 500 1000	25 50 75	15 20 30
#3	50 100 250 500 1000 Full Glass	200 250 500 1000	25 50 75	15 20 30

List All Owned Vehicles

#	Year	Make	Model	Vehicle ID #	Type	Use	Available Credits
					2dr 4dr PU Van	Pleasure Work: # _____ miles one way Business Use	Driver Air Bag Dual Air Bag Anti Lock Brakes Auto Seat Belts Alarm: Passive Active Day Running Lights
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