

Automobile Insurance Indication Form

Please complete the questions below as completely as possible, and return this sheet to Paragon Underwriters for quoting on your automobile insurance coverage.

Personal Information

Name _____
Address _____
City _____ State _____ Zip _____
Social Security # _____ Date of Birth ____/____/____
Drivers License # _____
<i>*MUST PROVIDE SOCIAL SECURITY & DRIVERS LICENSE #'S FOR <u>ALL DRIVERS</u>*</i>

Automobile Information

Car Make _____ Car Model _____
Car Year _____ VIN # _____
Doors: <input type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No
Car Use: <input type="checkbox"/> Business* <input type="checkbox"/> Pleasure
* If car is used for business commute, how many miles are driven per day _____

FAX TO: (248) 851-1205



INSURING TODAY'S PROFESSIONAL