

# CAR INSURANCE APPLICATION FORM

Policy Number: \_\_\_\_\_ Agent Name: \_\_\_\_\_

## Applicant Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Vehicle Identification Number (VIN): \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Registered: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_

## Insurance Coverage Selection:

Liability Coverage Amount: \_\_\_\_\_

Collision Coverage Deductible: \_\_\_\_\_

Comprehensive Coverage Deductible: \_\_\_\_\_

Uninsured Motorist Coverage Amount: \_\_\_\_\_

## Driver Information:

List all drivers to be covered on this policy:

Full Name	Date of Birth	Driver's License Number	Relationship to App

## Additional Information:

1. Has the applicant or any driver been convicted of any traffic violations or had any accidents in the past five years? If yes, please provide details below. 2. Has the applicant or any driver had any insurance policy canceled or non-renewed in the past three years? If yes, please explain. 3. Is the vehicle used for business purposes, commercial delivery, or ridesharing? Please specify. 4. Please list any anti-theft devices installed on the vehicle. 5. Specify any modifications done to the vehicle that may affect insurance coverage. 6. Does the applicant have any other vehicles to insure? If yes, list below.

## Declarations and Signatures:

The undersigned declares that the statements and answers herein are true and complete to the best of their knowledge and belief. The applicant understands that this form, along with any attachments, constitutes the basis of the insurance policy and that any material misrepresentation or omission may result in denial of coverage or cancellation of the policy. The applicant agrees to notify the insurer promptly of any changes in the information provided. The coverage is subject to all terms, conditions, and exclusions contained in the policy issued by the insurer.

**Applicant's Signature**

**Agent's Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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