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Sale Rep

AUTO INSURANCE APPLICATION

Applicant's name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Date of Birth: _____ SS# _____ Driver's License # _____

Date Licensed, if less than 4 years _____ Age Originally licensed _____

Do you have points on your license? Yes ___ No ___, if so, how many points? _____

How your license been suspended or revoke within the last five (5) years? Yes ___ No ___ if so, when _____

Do you own a house: Yes ___ No _____

Have you completed a defensive driving course within the last 3 years: Yes ___ No ___

Highest Educational Level: ___ High School ___ Some College ___ College Degree ___ Graduate School ___

Are you married? Yes ___ No ___, If so, complete section # 2, otherwise skip to section # 3.

Spouse's Name: _____ DOB: _____ SS# _____

Driver's License: _____ Age Licensed _____

Does your spouse have points on his/her license? Yes ___ No ___, if so, how many points? _____

Has her/his license been suspended or revoke within the last five (5) years? Yes ___ No ___ if so, when _____

Have you completed a defensive driving course within the last 3 years: Yes ___ No ___

Highest Educational Level: ___ High School ___ Some College ___ College Degree ___ Graduate School ___

ADDITIONAL DRIVERS

1. Name: _____ DOB: _____ Relationship to insured: _____

Driver's License: _____ Age Licensed _____

2. Name: _____ DOB: _____ Relationship to insured: _____

Driver's License: _____ Age Licensed _____

3. Name: _____ DOB: _____ Relationship to insured: _____

Driver's License: _____ Age Licensed _____

VEHICLE INFORMATION

Vehicle 1

Vehicle 2

Vehicle 3

Year: _____

Year: _____

Year: _____

Make: _____

Make: _____

Make: _____

Model: _____

Model: _____

Model: _____

VIN #: _____

VIN #: _____

VIN #: _____

Leased ___ Financed ___ Owned ___

Leased ___ Financed ___ Owned ___

Leased ___ Financed ___ Owned ___

What's the name of your current insurance company? _____

What's your current insurance premium? \$ _____ Every Six Months _____ Annual _____

DESIRED COVERAGE

Liability Coverage: \$250/500___ \$100/300 ___ \$50/300___ Other:_____

Comprehensive:_____ Deductible Amount: \$500_____ Other:_____

Collision:_____ Deductible Amount: \$500_____ Other:_____

List all Violation and Accidents within the past 5 years.

Driver	Violation/Accident	Points	Date

Is any of the driver's listed on the application a student with at least a GPA of 3.0 or B Grade? _____
Do you have Health Insurance that would pay your medical bills in the event of an accident? _____

If So, please provide the following information:

Company's Name:_____ Policy and/or Group #:_____

If possible provide us with a the declaration page of your current auto insurance so we can quote the same coverage and the information for all lien holders, if any.

Applicant's Signature

Date

Send by:_____ send quote to:_____
Print's your name and number (Fax # or E-mail)