



FAX TO: 757-5833

1801 E. Market Street
York, Pa 17402

Please complete for FREE, No Obligation Insurance Quote

Please fill in all fields
DEALER INFORMATION

Dealer Name: _____ Dealer Phone: _____

Dealer Fax: _____

AUTO INFORMATION

Year _____ Make _____ Model _____ 2dr 4dr sw 4x4 (circle)

VIN _____ Selling Price: \$ _____

CUSTOMER INFORMATION

Name: _____ Date of Birth ____/____/____

Homeowner (circle) Y N **SS# _____ - _____ - _____

Address: _____ Married (circle) Y N

City: _____ State: _____ Zip: _____

Home Phone: _____ Garaged at the Above Address? Y N

Number of Operators _____ Additional Operators Name _____

Additional Operators DOB ____/____/____ Relationship _____

(please disclose for all drivers) Comprehensive Claims Last 3 Years? _____

Minor Violations Last 3 Years? _____ Major Violations Last 3 Years? _____

At Fault Accidents Last 3 Years? _____ Not at Fault Accidents Last 3 Years? _____

Valid Drivers License? Y N AAA Member Y N

Signature _____

** I understand that the above information may be verified from credit history reports, claims history and driver records