

"Insuring you in the 21st Century"
UNITED NATIONAL INSURANCE AGENCY

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PERSONAL & COMMERCIAL AUTO INSURANCE PROCESSING FORM

(SEE BACK FOR HOME, RENTAL, PROPERTY & FLOOD INSURANCE)

NOTE: PROCESSING WILL BE DELAYED IF "ALL" LINE ITEMS ARE NOT COMPLETE, PLEASE COMPLETE.
USE "N/A" IF A LINE ITEM DOES NOT APPLY. ONCE COMPLETED FAX TO 713-655-0338. THANKS IN ADVANCE.

REFERRED BY: _____

DATE: _____

PERSONAL OR COMMERCIAL AUTO: TYPE OF COVERAGE (CHECK ONE): ___ PERSONAL ___ COMMERCIAL ___

INSURED NAME: _____ DOB _____ SS#/TAX ID _____

DL# _____ MARRIED ___ Y ___ N OCCUPATION: _____

INSURED MAILING ADDRESS: _____ CITY: _____ ST _____ ZIP _____

HM PH# _____ WK PH# _____ CELL# _____ EMAIL _____

VEHICLE(S) GARAGE ADDRESS: _____ CITY: _____ ST _____ ZIP _____

(IF COMMERCIAL) DBA: _____

TYPE OF BUSINESS: Individual, Partnership, Corporation, Joint Venture: _____

Description of Business: _____

DRIVERS: INCLUDE NAMED INSURED ___ Y ___ N (duplicate form if more drivers)

SPOUSE _____

DOB _____ SS# _____ DL# _____ VIOLATIONS: ___ Y ___ N

1. ADDITIONAL DRIVER: _____ DOB _____

SS# _____ DL# _____ VIOLATIONS: ___ Y ___ N Mar Stat _____

2. ADDITIONAL DRIVER: _____ DOB _____

SS# _____ DL# _____ VIOLATIONS: ___ Y ___ N Mar Stat _____

3. ADDITIONAL DRIVER: _____ DOB _____

SS# _____ DL# _____ VIOLATIONS: ___ Y ___ N Mar Stat _____

4. ADDITIONAL DRIVER: _____ DOB _____

SS# _____ DL# _____ VIOLATIONS: ___ Y ___ N Mar Stat _____

VEHICLES: (duplicate form if more vehicles)

1. VEHICLE VIN #: _____ YEAR: _____ MAKE: _____ MODEL: _____

2. VEHICLE VIN #: _____ YEAR: _____ MAKE: _____ MODEL: _____

3. VEHICLE VIN #: _____ YEAR: _____ MAKE: _____ MODEL: _____

4. VEHICLE VIN #: _____ YEAR: _____ MAKE: _____ MODEL: _____

COVERAGE NEEDED: FULL _____ LIABILITY ONLY _____

PRIOR COVERAGE: ___ Y ___ N Company: _____ Policy#: _____

PRIOR COVERAGE EXPIRATION DATE: _____

*Remember, for all your Auto, Life, Health, Dental, Commercial, or Property Insurance needs, please call us.
We are here to serve.*