

# **Automobile Insurance Indication Form**

Please complete the questions below as completely as possible, and return this sheet to us via **Fax @ 248-851-1205** for quotes.

## **Personal Information**

Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ E-mail _____
Social Security #(s)	_____ Date of Birth ____/____/____
Drivers License #(s)	_____

***\*MUST PROVIDE SOCIAL SECURITY & DRIVERS LICENSE #'S FOR ALL DRIVERS\****

## **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 a business commute, how many miles are driven per day \_\_\_\_\_

## **Current Coverage**

<b><u>LIMITS</u></b>	<b><u>DEDUCTIBLES</u></b>
Bodily Injury _____	Comprehensive _____
Property Damage _____	Collision _____
Uninsured/ Underinsured Motorists _____	
Medical Payments/ PIP (Personal Injury Protection) _____	
Insurance Company _____	Premium \$ _____
Claim History _____	
Do you have primary health insurance (not Medicare or Medicaid) that covers auto accidents?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



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