Berryland INSURANCE

Auto Information Sheet

Return To:
Robby Scates
109-A S. Cypress St., Hammond, La 70401
(o) 985-318-5800 (f) 985-956-7078
rscates@berrylandinsurance.com

Named Insured: _____ Second Named Insured: _____

Home Address: _____

Phone #(s): _____

Email Address(es): _____

Current Carrier: _____ Policy #: _____ Eff. Date: _____

Less Than 1 Yr, Prior: _____ Policy #: _____ Eff. Date: _____

	Driver 1	Driver 2	Driver 3	Driver 4
Driver Name:				
Date of Birth:				
DL #/State:				
Social Security:				
Sex (M/F):				
Marital Status:				
Occupation:				
Tickets (Last 5 Yrs):				
Accidents (Last 5 Yrs):				
Year/Make:				
Model:				
Vin #:				
Anti-Lock Brakes: (Yes/No)				
Anti-Theft: (Yes/No)				
Date Purchased:				
Usage:				
Miles One Way:				
Where is Car Garaged:				
Owned, Financed, Leased:				
Bodily Injury Liability:				
Property Damage Liability:				
Medical Payments:				
Uninsured Motorist BI				
Uninsured Motorist PD				
Comprehensive:				
Collision:				
Rental: Y/N				
Towing: Y/N				
Roadside Assistance: Y/N				
Full Glass Coverage: Y/N				
Good Student GPA 3.0: Y/N				
Driver Training: Y/N				
Student Away: Y/N				
Auto/Home Discount: Y/N				
Good Driving Device: Y/N				

Additional Proposals Needed: Y/N Flood: _____ Property: ____ Scheduled Property: _____ RV/ATV(s): _____
Excess Flood: _____ Umbrella:_____ Watercraft(s): _____ Earthquake:_____