

Straits Auto Application

Effective date requested: _____

Applicant Information

1. Applicant Name: _____ DBA: _____

2. Mailing address: _____

3. Garaged address check here if the same as the mailing address

4. Phone: _____

5. Fax: _____

6. E-mail: _____

7. Legal Entity: Individual Partnership Corporation LLC Other _____

Drivers information: Add driver

8. Driver #1: _____ DOB: _____

Date First Licensed (MM/ YY): _____ CA Driver's License # _____

9. Driver #2: _____ DOB: _____

Date First Licensed (MM/ YY): _____ CA Driver's License # _____

Vehicles information: Add vehicle

10. Vehicle #1: VIN _____ Purchase Date: _____

Vehicle Use Work/School Work /Pleasure Annual Mileage: _____

11. Vehicle #2: VIN _____ Purchase Date: _____

Vehicle Use Work/School Work /Pleasure Annual Mileage: _____

Coverage

12. Body injury 15,000/30,000 25,000/50,000 50,000/100,000 other _____

13. Property damage 5,000 10,000 25,000 50,000 other _____

14. Collision Deductible 250 500 750 1,000 2,500

15. Comprehensive Deductible 250 250 w/Glass 500 500 w/Glass 750 750 w/Glass
 1,000 1,000 w/Glass 2,500 2,500 w/Glass

16. Discounts: Occupation _____; Alumni Yes No, if yes _____

Package with Home Umbrella

Other Coverage

Medical Uninsured/ Underinsured Motorists Wavier of Collision Deductible Towing Loss of Use

UM Property Damage Drive Other Car

Other Description

