MAKING A DIFFERENCE INSURANCE

PERSONAL AUTO INSURANCE
QUOTE INTAKE FORM

Applicant, household, and primary driver information.

APPLICANT & CONTACT INFORMATION

Named Insured / Applicant *

Spouse / Co-Applicant

Applicant Date of Birth *

Marital Status

Phone Number *

Email Address *

Garaging / Residential Address *

Mailing Address (if different)

Years at Current Address

Prior Address (if current < 3 years)

DRIVER INFORMATION

DRIVER 1

Full Name *

Date of Birth *

Driver License Number *

License State *

Relationship to Applicant

Occupation

DRIVER 2

Full Name *

Date of Birth *

Driver License Number *

License State *

Relationship to Applicant

Occupation

DRIVER 3

Full Name *

Date of Birth *

Driver License Number *

License State *

Relationship to Applicant

Occupation

Additional drivers, driving history, and prior insurance.

ADDITIONAL DRIVERS / HOUSEHOLD MEMBERS

DRIVER 4

Full Name | Date of Birth

Driver License Number | License State

Relationship to Applicant | Occupation

DRIVER 5

Full Name | Date of Birth

Driver License Number | License State

Relationship to Applicant | Occupation

Any other household residents age 14 or older? Yes No

If yes, list names, dates of birth, relationship, and whether licensed

DRIVING HISTORY

Any accidents in the past 5 years? Yes No

Any moving violations / tickets in the past 5 years? Yes No

Any license suspensions, revocations, or major violations? Yes No

Any DUI / DWI history? Yes No

If yes: driver, date, violation / accident, fault, injuries, and disposition

CURRENT / PRIOR INSURANCE

Current / Prior Auto Carrier * | Policy Expiration Date *

Current Premium | Years of Continuous Coverage

Current Bodily Injury Limits | Current Comp / Collision Deductibles

Any lapse in auto insurance during the past 12 months? Yes No

Vehicle information, ownership, garaging, and usage.

VEHICLE INFORMATION

VEHICLE 1

Year / Make / Model *

VIN *

Registered Owner

Primary Driver

Annual Mileage

One-Way Commute Miles

Ownership

Owned | Financed | Leased

Use

Pleasure | Commute

VEHICLE 2

Year / Make / Model *

VIN *

Registered Owner

Primary Driver

Annual Mileage

One-Way Commute Miles

Ownership

Owned | Financed | Leased

Use

Pleasure | Commute

VEHICLE 3

Year / Make / Model *

VIN *

Registered Owner

Primary Driver

Annual Mileage

One-Way Commute Miles

Ownership

Owned | Financed | Leased

Use

Pleasure | Commute

ADDITIONAL VEHICLES / GARAGING

Are there more than 3 vehicles in the household?

Yes | No

If yes, list year/make/model, VIN, registered owner, primary driver, and annual mileage

Is any vehicle regularly garaged at another address?

Yes | No

If yes, identify the vehicle and garaging address

Business use, rideshare / delivery, and requested coverage.

VEHICLE USE & BUSINESS EXPOSURE

Is any vehicle used for business purposes? ☐ Yes ☐ No

Is any vehicle used to visit customers, job sites, or multiple locations? ☐ Yes ☐ No

Does any vehicle regularly carry tools, equipment, products, or materials? ☐ Yes ☐ No

Does any vehicle have company lettering, wraps, logos, or signage? ☐ Yes ☐ No

Is any vehicle used on behalf of an employer or owned business? ☐ Yes ☐ No

If yes, identify vehicle(s), business type, frequency, business mileage, and items carried

RIDESHARE / DELIVERY

Is any vehicle used for Uber, Lyft, or another rideshare service? ☐ Yes ☐ No

Is any vehicle used for food, grocery, package, or other delivery? ☐ Yes ☐ No

Platforms used

☐ Uber ☐ Lyft ☐ DoorDash ☐ Uber Eats ☐ Instacart

Other platform / frequency / approximate annual rideshare or delivery mileage

REQUESTED COVERAGE

Bodily Injury Liability

☐ 10/20 ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ Other

Property Damage Liability Limit

PIP Deductible / Selection

Uninsured Motorist

☐ Stacked ☐ Non-Stacked ☐ Reject / Waive

Physical Damage

☐ Comprehensive ☐ Collision ☐ No Physical Damage

Comprehensive Deductible

Collision Deductible

Additional coverage options, notes, and applicant certification.

ADDITIONAL COVERAGE OPTIONS

Select any options you would like quoted

- [ ] Rental Reimbursement
- [ ] Roadside Assistance
- [ ] Loan / Lease Gap
- [ ] OEM Parts

Additional information / coverage requests / agent notes

APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided in this application and intake form is true, complete, and accurate to the best of my knowledge. I understand that the information provided will be used to obtain insurance quotations and may be relied upon by insurance carriers in determining eligibility, coverage, and premium. I agree to notify MAD Insurance of any material changes.

Applicant / Named Insured - Type Full Name *

Date *

Applicant Signature *

MAD Insurance Representative

Quote / Intake Date

Typing your name in the signature field is intended to serve as your electronic signature when completed electronically.
Completion of this form does not bind coverage. Final eligibility, coverage, terms, and premium are subject to carrier underwriting.