



Personal Auto Insurance - Request for Proposal

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____

Driver Name(s)	Age	License #	Years Licensed	Marital Status
1.				
2.				
3.				
4.				

List any tickets and or accidents within the past five years for the drivers listed above (Give details):

Year	Make & Model	Annual Mileage	Comp/Collision Deductible	Cost New
1.				
2.				
3.				
4.				

Limits Desired

Liability / Property Damage
 \$ ____,000 / \$ ____,000 / \$ ____,000

Medical Payments
 \$ _____

Uninsured Motorist
 \$ ____,000 / \$ ____,000

Optional Coverages

Rental Reimbursement: Yes _____ No _____ Towing & Labor: Yes _____ No _____

Credits

Good Student	LA County Bar	Engineers & Scientists	Educator	LoJack/Teletrac
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Insurance Company: _____

Expiration Date: _____ Number of years with prior insurance: _____

Claims last five years (give details): _____

Physical Address : 20 Centerpointe Dr. #100, La Palma CA 90623-1078

Mailing Address : P.O. Box 4919, Cerritos, CA 90703-4919

Phone: (714) 739-3177 or (800) 900-7771

FAX: (714) 739-3188

E-Mail Address: personal@vicencia.com

Web Site: www.vicencia.com

License: 0578496

