



# PEOPLES EXCHANGE INSURANCE

101 North Main Street  
Winchester, KY 40391  
www.pebank.com

## Auto Information

The information on this page is used only so we can provide you with accurate insurance quotes.  
Keep in mind that any information you give us will be kept safe and confidential.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address P.O. Box if applicable*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Years licensed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_ How long with Employer: \_\_\_\_\_

### Residence Information

How long at current address? \_\_\_\_\_ Years \_\_\_\_\_ Months Home Ownership  Own  Rent  Other

Garage Location if different from above: \_\_\_\_\_

Previous address (if less than 3 years at current): \_\_\_\_\_

### Resident & Driver Information

Name <small>(as it appears on license)</small>	Sex	Social Security #	Date of Birth	Marital Status	# of Years Licensed	Drivers License #
1.						
2.						
3.						

If you answer yes to any of the following, please explain:

Physical Disabilities?  Yes  No \_\_\_\_\_

Good Student/Driver Ed?  Yes  No \_\_\_\_\_

Traffic Violations?  Yes  No \_\_\_\_\_

Accidents At Fault?  Yes  No Date: \_\_\_\_\_

Accidents Not At Fault?  Yes  No Date: \_\_\_\_\_

### Accidents/Convictions

When we insure you, the company will run an MVR on all licensed operators.

Licenses Suspended: \_\_\_\_\_ Licenses Revoked: \_\_\_\_\_

Any other operators in household: \_\_\_\_\_

**Vehicle Description/Use**

**Vehicles:**

Year	Make, Model and Body Type	VIN/Registered State
1.		
2.		
3.		

Annual Mileage: \_\_\_\_\_

- 1. Vehicle driven to work:  Yes  No      How far one way: \_\_\_\_\_
- 2. Vehicle driven to work:  Yes  No      How far one way: \_\_\_\_\_
- 3. Vehicle driven to work:  Yes  No      How far one way: \_\_\_\_\_

**Current Policy Information**

Do you currently have auto insurance coverage?  Yes  No

Company: \_\_\_\_\_ How long have you been with current carrier? \_\_\_\_\_

When does your existing policy expire? \_\_\_\_\_ Current Limits of Liability: \_\_\_\_\_

**Any past insurance claims:**

Claims	Date	Description	Amount

Are you interested in the following coverage's?

Comprehensive:  Vehicle 1  Vehicle 2  Vehicle 3      Deductible: \$\_\_\_\_\_

Collision:  Vehicle 1  Vehicle 2  Vehicle 3      Deductible: \$\_\_\_\_\_

Towing:  Yes  No

Increased Limits of Liability to: \_\_\_\_\_

**Signature**

*Notice Of Insurance Information Practices*

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

*Applicant Statement*

I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_