



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: _____