



For all your insurance needs



Lee Agency Insurance  
Telephone: 610.429.1310

1515 West Chester Pike D3  
Fax: 610.429.1320

West Chester, PA 19382  
info@leeagencyinsurance.com

### Auto Insurance Information

Source: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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

Customer Code: \_\_\_\_\_

Insured(s): \_\_\_\_\_

Marital Status: (Check One)

Single  Married  Divorced

Tort Option: \_\_\_\_\_

Widowed  Separated

Separated with Child

### Contact Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Current Insurance Information (If any)

Home Owner:  Yes  No

Current Carrier: \_\_\_\_\_

Currently Insured:  Yes  No

Current Premium: \_\_\_\_\_

Policy # (If applicable): \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_  
(mm/dd/yyyy)

Lapse in Coverage:  Yes  No

Limits: \_\_\_\_\_

Accidents, Violations, and Claims: (within the last three (3) years.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Continued on next page ...

**Vehicle Information**

Vehicle Number	Year	Make	Model	VIN #
1				
2				
3				
4				

**Driver Information**

Name	Occupation	DOB	SSN	DL#	Sex

Who has health insurance in the household? \_\_\_\_\_

**Coverage Information**

Bi Liability: _____	Coll. Deductable:	Comp. Deductable:
PD Liability: _____	1. _____	1. _____
CSL: _____	2. _____	2. _____
UM/UIM: _____	3. _____	3. _____
CSL: _____	4. _____	4. _____

Rental: \_\_\_\_ / \_\_\_\_      Accidental Death: \_\_\_\_\_      Work Loss: \_\_\_\_ / \_\_\_\_

Towing: \_\_\_\_\_      Medical: \_\_\_\_\_

GAP: \_\_\_\_\_      Funeral Benefits: \_\_\_\_\_

Combination First Party Benefits: \_\_\_\_\_      Extraordinary Medical Benefits: \_\_\_\_\_