

# SEALS INSURANCE, LLC

## CLIENT INFORMATION

Office: (205) 763-0950 Fax: (205) 763-0949

CLIENT NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ OWN / RENT ?

OCCUPATION: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OTHER HOUSEHOLD MEMBER NAMES

DOB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VEHICLE INFORMATION

DRIVER	DRIVER LIC. #	NUMBER OF ACCIDENTS NO FAULT // AT FAULT	CITATIONS /5 YEARS MAJOR // MINOR
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## VEHICLES

YEAR	MAKE	MODEL	VIN#	PRIMARY DRIVER	MILES/WORK
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CURRENT CARRIER \_\_\_\_\_  
DEDUCTIBLES : \_\_\_\_\_ COMP: \_\_\_\_\_ COLLISION: \_\_\_\_\_