

For a Safeco quote!

REVISED
3:24 pm, Feb 08, 2013

1st Named Insured: _____

Social Security #: _____

Occupation title: _____

Nature of business of employer: _____

Highest Level of Education Less than high school High School or equivalent
Vocational or Technical Training Associates Degree Bachelors Degree Masters Degree
Law Degree Medical Degree

Does the applicant : Own Rent Live with relatives Other (please explain)

(proof of homeownership will be required at binding)

Current Auto Insurance Carrier: _____

How long with the prior carrier: _____ Months _____ Years

Expiration date of prior coverage: _____ (mmddyy format)

Coverage limits on prior insurance: (check one) 25/50 50/100 100/300 250/500 or higher

At what age did applicant receive his/her license: _____

Any other household residents? (licensed or unlicensed) – All household members must be listed

Name	Relationship	Date of Birth	License #
_____	_____	_____	_____
_____	_____	_____	_____

Any other vehicles at the residence? (Please list)

SAFECO REVIEWS AND CONTACTS ALL POLICY HOLDERS – PLEASE BE SPECIFIC AND ACCURATE IN ANSWERING THE ABOVE QUESTIONS IN ORDER TO RECEIVE THE BEST RATES POSSIBLE.