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First Name Middle Name Last Name DB Marital Status: Occupation (if retired, notate retired) Spouse Name Middle Name Last Name DB Marital Status: Occupation (if retired, notate retired) Spouse Name Middle Name Last Name DB Marital Status: Occupation (if retired, notate retired) Street Address U Township County 2jp Code Home Phone Number MEAMember? ARAP Member? ARAP Member? ARAP Member? ARAP Member? Sociations you are a member of: (Credit unions, Alumni etc.) MEA Member? Name of Medical Carrier Do you have wage loss benefits? (Short-term or Lon term Disability) Number of Household Members Do you have medical insurance that covers you in an auto-related accident? Name of Medical Carrier Do you have wage loss benefits? (Short-term or Lon term Disability) Fax Phone Present Insurance Company for Auto Expiration Date Preferred method to receive quote: Mail E-Mail Fax Phone Reditional Verse Vehicle ID number Vehicle ID number Garaging Location if Different than than the faited / Titled / Ti
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Information Regarding the Drivers/Non-Drivers in the Household
(Please list all household members, regardless of age)
Name of Household Member (First, Middle, Last) Drivers License Number (If applicable) Date of Birth Male or Birth Occupation Option 4-Exclude Medical Coverage due to QHP? Yes or No Good Driver Uber, Vehicle Coverage due to QHP? Student Safety GrubHub, Lienholder Info on
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Policy Coverage Desired
Current Bodily Injury Liability Limits \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000 \$500,000/\$1 million \$1 million/\$1 million Other
Property Damage Liability Limit \$50,000 \$100,000 \$250,000 \$300,000 \$500,000 \$1 million Other
Uninsured/Underinsured Motorist \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000 \$500,000/\$1 million \$1 million/\$1 million Personal Injury Protection Limit Option 1-Unlimited Option 2-\$500,000 Option 3-\$250,000
Option 1-Onlinitie Option 2-5500,000 Option 2-550,000 Option 4-Qualified Health Plan Coverage only for at least one household member (QHP Letter Required) Option 5- \$50,000 (Medicaid only) Option 5- \$50,000 (Medicaid only) Option 6-Medicare Only (Copy of Medicare Card Required)
Deductibles and Optional Coverage Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 The amount you would be willing to pay if you had a loss Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6
Comprehensive (Other than Collision) \$50 \$100
coverage falls in this category. Other \$ Other \$ Other \$ Other \$ Other \$
Collision (Pays to fix your car after an accident) Limited Limited Limited Limited Limited
Regular
Regular
Regular
Regular