



Automobile Insurance - Individualized Rating Information Form

Name: _____

Address: _____

Policy Number: _____

Agent Name: _____

In order to ensure that we have accurate information on file for you to ensure that your individualized insurance rating is as accurate as possible, please provide the details below and return this form to your agent in the attached self-addressed stamped envelope. If you require more space, please attach additional pages or continue on the back of this page.

For each driver in your household, please provide the following:

| | Driver 1 | Driver 2 | Driver 3 |
|--|----------|----------|----------|
| Name: | _____ | _____ | _____ |
| Marital Status: | _____ | _____ | _____ |
| Original License Date or # of Years Licensed: | _____ | _____ | _____ |

For every vehicle in your household, please provide the following:

*Note: We ask for Year, Make and Model only so we can match the information you provide to the vehicles we have on your policy.

| | Veh. 1 | Veh. 2 | Veh. 3 |
|-----------------------------|--------------|--------------|--------------|
| Year | _____ | _____ | _____ |
| Make | _____ | _____ | _____ |
| Model | _____ | _____ | _____ |
| Used For Work Purposes | (Yes / No) | (Yes / No) | (Yes / No) |
| Commuter to Work Distance | _____ | _____ | _____ |
| Estimated Annual KMs Driven | _____ | _____ | _____ |