

**Hutcherson Insurance Group
Auto Rate Form**

InsuredName: _____ / _____

Address: _____

Phone Number _____ /Email: _____

DOB: _____ / SS# _____ / DOB: _____ / SS# _____

Drivers License # _____ / _____

Occupation: _____ / _____

Education: _____ / _____

*****Some carriers of a discount for college degree IE masters/bachelors/associates*****

Additional Drivers see page 2

Year _____ Make _____ Model _____ Use Work
Pleasure or Farm # of miles one way _____ days per week _____

Vin # _____ Driver Name _____

Year _____ Make _____ Model _____ Use Work
Pleasure or Farm # of miles one way _____ days per week _____

Vin # _____ Driver Name _____

Additional Vehicles see page 2

Limits of Liability:	30/60	50/100	100/300	250/500
Property Damage Limit:	25	50	100	250
PIP or Medical Pay:	500	1000	2500	5000
Uninsured Motorist:	30/60	50/100	100/300	250/500
Property Damage Limit:	25	50	100	250
Comp Deductible:	250	500	750	1000
Coll Deductible:	250	500	750	1000
Towing:	Yes	No	Amount _____	
Rental:	Yes	No	Amount _____	
Auto Death Ind:	Yes	No	Amount _____	
Air Bags:	Yes	No	Driver Side Only	Both Sides
Passive Seat Belts:	Yes	No	Driver Side Only	Both Sides
Anti-Theft Device:	Yes	No	Type _____	
Defensive Driving:	Yes	No	Date _____	

Do you own or rent your home? _____ How long at home? _____

Name of Employer & # of years _____

Any existing damage to any vehicle? _____

Any tickets or accidents in the last 5 years? _____ Any Claims? _____

Date of ticket or accident? _____ Accident: At Fault or NAF

Additional Drivers

Name: _____ / _____

DOB: _____ /SS# _____ / DOB: _____ /SS# _____

Drivers License # _____ / _____

Any tickets or accidents in the last 39 months? _____ Any Claims? _____

Date of ticket or accident? _____ Accident AF NAF

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Additional Vehicles

Year _____ Make _____ Model _____ Use Work
Pleasure or Farm # of miles one way _____ days per week _____

VIN # _____ Driver Name _____

Year _____ Make _____ Model _____ Use Work
Pleasure or Farm # of miles one way _____ days per week _____

VIN # _____ Driver Name _____

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Current carrier: Name _____ Ex Date _____

of years with current carrier _____

Referral Source: _____