

Auto Application

Date: _____

Applicant	Telephone Number	Email		Who recommended you	
Street Address		City	County	State	Zip Code
If < 6 months, Prior Address		City	County	State	Zip Code

Insured Information

Legal Name(Gender)	DOB	Driver License	DL State/Date 1 st Lic	Marital State	Occupation (yrs)

Claim/Violations (for the past 3 years or 5 years)

Driver	Vehicle Involved	Occurrence Date	Type of Violation(If accident, amount of payoff)

Vehicle Information

Year	Make	Model	VIN #	Driver	Work(miles one way)	Full/Liab

Prior Insurance Information

Name of Carrier	Exp Date	How long w/Carrier				
Prior Coverage						
BI/PD Limits	UM Split	Med-Pay	Coll	Comp	Rental	Towing

Selection of Uninsured Motorists Coverage— Added on to At-Fault Liability limits
 Selection of Uninsured Motorists Coverage—Reduced by At-Fault liability limits

International Insurance of Georgia: Fax # 770-455-3228 or E-mail to Us