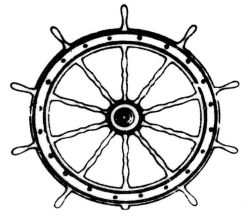


Boland Insurance Agency, Inc.



Name _____
 Address _____
 Home Phone _____ Business Phone _____

Present Insurance Carrier _____ Expiration Date _____

In last five (5) years have you had any accidents or violations including any windshield or towing claims?
 Please explain below

Date	Accident or Violation	Type	MPH over	Driver
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Licensed Operators:

Full Name	Date of Birth	Driver License Number	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Operators in the Household

Full Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

	Vehicle # 1	Vehicle # 2	Vehicle # 3	Vehicle # 4
Year, Make				
Model				
Is vehicle customized?				
Vehicle ID Number				
Annual Mileage				
Distance Daily One Way				
Business Use				
Passive Restraint				
Anti-Theft				

Present Coverages

Bodily Injury Liability 100/300 250/500 500/500

Property Damage Liability 100,000 250,000 500/500

Medical Payment 10,000 25,000 50,000

Uninsured Motorists 100/300 250/300 500/500

Underinsured Motorists 100/300 250/300 500/500

	Vehicle # 1	Vehicle # 2	Vehicle # 3	Vehicle # 4
Road Service				
Comprehensive Deductible				
Collision Deductible				