

## Auto Liability Coverage

<b>Insured Name:</b>		<b>Insured State:</b>	
<b>Auto Number:</b>			
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	
<b>VIN Number:</b>	<b>Cost New:</b>	<b>Leased:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Driver's Full Name:</b>	<b>Driver's Date of Birth:</b>	<b>Driver's License Number:</b>	<b>Driver's State:</b>
<b>Where Garaged:</b>			
<b>Loss Payee (Name and Address):</b>			
<b>Lien Holders (Name and Address):</b>			

<b>Auto Number:</b>			
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	
<b>VIN Number:</b>	<b>Cost New:</b>	<b>Leased:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Driver's Full Name:</b>	<b>Driver's Date of Birth:</b>	<b>Driver's License Number:</b>	<b>Driver's State:</b>
<b>Where Garaged:</b>			
<b>Loss Payee (Name and Address):</b>			
<b>Lien Holders (Name and Address):</b>			

<b>Auto Number:</b>			
<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	
<b>VIN Number:</b>	<b>Cost New:</b>	<b>Leased:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Driver's Full Name:</b>	<b>Driver's Date of Birth:</b>	<b>Driver's License Number:</b>	<b>Driver's State:</b>
<b>Where Garaged:</b>			
<b>Loss Payee (Name and Address):</b>			
<b>Lien Holders (Name and Address):</b>			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date