

**North American Insurance Agency of Louisiana, Inc.**

2255 North Highway 190

Covington, LA 70433

(800) 229-2789

(985) 871-5480

Fax: (985) 871-5490

**Personal Automotive Insurance**

**Personal Information**

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**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Night Phone:** \_\_\_\_\_

**Best Time To Call:** AM / PM / Any Time (circle one)

**Email Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**How Long At Current Job:** \_\_\_\_\_

**Current Auto Insurance Information**

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**Do You Presently Have Auto Insurance?**     Yes     No

If Yes,  
**Company Name:** \_\_\_\_\_

**Policy Expiration Date:** \_\_\_\_\_ **Premium Amount:** \_\_\_\_\_

**Amount Insured For:** \_\_\_\_\_

**Term:**  6 Months  1 Year  Other: \_\_\_\_\_ (check one)

### **Vehicle Information**

#### **CAR #1**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Body Type:** \_\_\_\_\_ **VIN#:** \_\_\_\_\_

**Name of Title Holder:** \_\_\_\_\_ **Annual Mileage:** \_\_\_\_\_

**Use For:**  Recreation  Work **If Work, How Many Miles One Way:** \_\_\_\_\_

**Airbags:**  Yes  No

**Car Alarm:**  Yes  No

**If Vehicle Is Kept At An Address Other Than That Listed Above, Indicate Below**

**Location City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

#### **CAR #2**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Body Type:** \_\_\_\_\_ **VIN#:** \_\_\_\_\_

**Name of Title Holder:** \_\_\_\_\_ **Annual Mileage:** \_\_\_\_\_

**Use For:**  Recreation  Work **If Work, How Many Miles One Way:** \_\_\_\_\_

**Airbags:**  Yes  No

**Car Alarm:**  Yes  No

**If Vehicle Is Kept At An Address Other Than That Listed Above, Indicate Below**

**Location City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**CAR #3**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Body Type:** \_\_\_\_\_ **VIN#:** \_\_\_\_\_

**Name of Title Holder:** \_\_\_\_\_ **Annual Mileage:** \_\_\_\_\_

**Use For:**  Recreation  Work **If Work, How Many Miles One Way:** \_\_\_\_\_

**Airbags:**  Yes  No

**Car Alarm:**  Yes  No

**If Vehicle Is Kept At An Address Other Than That Listed Above, Indicate Below**

**Location City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## Liability Limit For ALL Cars

**CHOOSE**

**Bodily Injury and Property Damage** (check one Body and one Property)

Bodily Injury:  \$25,000/50,000    \$50,000/100,000    \$100,000/300,000  
 \$250,000/500,000

Property Damage:  \$25,000    \$50,000    \$100,000    \$500,000

**OR**

**Single Limit** (check one)

Single Limit:  \$60,000    \$100,000    \$300,000    \$500,000

## Deductibles and Miscellaneous

(check all that apply)

CAR#	Comprehensive Deductible	Collision Deductible	Towing	Loss of Use
#1	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
#2	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
#3	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

## Driver Information

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### DRIVER#1

Driver's Name: \_\_\_\_\_

#### Driver's License Information:

DL#: \_\_\_\_\_ State: \_\_\_\_\_ Years Licensed: \_\_\_\_\_

Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

#### Courses Completed Last 3 Years:

Drivers Ed:  Yes  No

Accident Prevention:  Yes  No

### DRIVER#2

Driver's Name: \_\_\_\_\_

#### Driver's License Information:

DL#: \_\_\_\_\_ State: \_\_\_\_\_ Years Licensed: \_\_\_\_\_

Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**Courses Completed Last 3 Years:**

Drivers Ed:  Yes  No

Accident Prevention:  Yes  No

**DRIVER#3**

**Driver's Name:** \_\_\_\_\_

**Driver's License Information:**

DL#: \_\_\_\_\_ State: \_\_\_\_\_ Years Licensed: \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Courses Completed Last 3 Years:**

Drivers Ed:  Yes  No

Accident Prevention:  Yes  No

**Driver History**

Please list *any* convictions for *any* driver convicted of moving traffic violations in the past 3 years.

**Driver**                      **Date**                      **Type of Conviction**                      **Fines**                      **Speed Over Limit**

1)

2)

3)

Please list *any* who has had license suspensions, revocations, or DUI convictions below.

<u>Driver</u>	<u>License Suspended or Revoked</u>	<u>DUI Conviction For</u>
1)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs
2)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs
3)	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs

Please list *any* driver involved in accidents, regardless of fault, in the past 5 years.

<u>Driver</u>	<u>Date</u>	<u>Description</u>	<u>Cost</u>	<u>Fines</u>	<u>Injuries</u>	<u>At Fault?</u>
1)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3)					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

### Additional Information

Please list any additional information or comments below