

# Saine-Summers Insurance Agency

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## AUTO PROPOSAL WORKSHEET

Please provide the information requested below; also on the reverse side (or following page), check (✓) the coverages you presently have or attach a copy of your current policy. Please return the form to us by mail, fax or e-mail per above.

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

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

Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's Names	Dates of Birth	Social Security Numbers	Driver's License Numbers
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Has any driver had an accident(s) in the last 5 years?  Yes  No If yes, provide the date, amount paid, and whether at fault: \_\_\_\_\_

Date and type of any comprehensive losses, i.e. fire, theft, hail: \_\_\_\_\_

Have any driver had tickets/violations in the last 5 years?  Yes  No If yes, indicate date and reason for ticket or violation: \_\_\_\_\_

Has any driver been ticketed for a DWI (driving while intoxicated) ever?  Yes  No Date: \_\_\_\_\_

Has any driver's license been suspended for any reason?  Yes  No Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Is any youthful driver on the honor roll or dean's list?  Yes  No Student's name: \_\_\_\_\_

Did a youthful driver complete driver's trainings?  Yes  No Student's name: \_\_\_\_\_

Vehicle Year	Make, Model & Body Type	Complete VIN/Registration #	Miles <u>one</u> way to work/school	Annual Mileage	Any Business Use - Y/N
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

**SAINE-SUMMERS INSURANCE AGENCY  
AUTOMOBILE COVERAGE**

RENEWAL DATE: \_\_\_\_\_ PRESENT PREMIUM: MONTHLY \$ \_\_\_\_\_ QUARTERLY \$ \_\_\_\_\_ SEMI-ANNUALLY \$ \_\_\_\_\_  
ANNUALLY \$ \_\_\_\_\_ CARRIER: \_\_\_\_\_

PLEASE CHECK (✓) YOUR CURRENT COVERAGES. ITEMS WITH AN \* ARE PER \$1,000 (EXAMPLE 25/50 EQUALS \$25,000/\$50,000)

**\*BODILY INJURY:**

\_\_\_ \$25/50 \_\_\_ \$50/50 \_\_\_ \$50/100 \_\_\_ \$100/300 \_\_\_ \$250/500 \_\_\_ \$500/500 \_\_\_ OTHER

**\*PROPERTY DAMAGE LIABILITY**

\_\_\_ \$10 \_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ OTHER

**OR**

**\*COMBINED SINGLE LIMIT:**

\_\_\_ \$100 \_\_\_ \$300 \_\_\_ \$500 \_\_\_ OTHER

**MEDICAL PAYMENTS:**

\_\_\_ \$1,000 \_\_\_ \$2,000 \_\_\_ \$5,000 \_\_\_ \$10,000

**COMPREHENSIVE (DED = DEDUCTIBLE) - PROVIDE VEHICLE #:**

\_\_\_ ACV \_\_\_ \$50 DED. \_\_\_ \$100 DED. \_\_\_ OTHER DED.

**COLLISION (PROVIDE VEHICLE #):**

\_\_\_ \$100 DED. \_\_\_ \$250 DED. \_\_\_ \$500 DED. \_\_\_ OTHER DED.

**\*UNINSURED MOTORIST - BODILY INJURY:**

\_\_\_ \$25/50 \_\_\_ \$50/50 \_\_\_ \$50/100 \_\_\_ \$100/300 \_\_\_ \$250/500 \_\_\_ \$500/500 \_\_\_ OTHER

**\*UNINSURED MOTORIST - PROPERTY DAMAGE:**

\_\_\_ \$10 \_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ OTHER

**\*UNDERINSURED MOTORIST COVERAGE:**

(THIS COVERAGE ALLOWS YOU TO PURCHASE LIMITS OVER AND ABOVE THE LIMITS THE PARTY HAS WHO INJURES YOU IN AN AUTO ACCIDENT.)

\_\_\_ \$25/50 \_\_\_ \$50/50 \_\_\_ \$50/100 \_\_\_ \$100/300 \_\_\_ \$250/500 \_\_\_ \$500/500 \_\_\_ OTHER

**OR**

**\*COMBINED SINGLE LIMIT UNINSURED/UNDERINSURED:**

\_\_\_ \$100 \_\_\_ \$300 \_\_\_ \$500 \_\_\_ OTHER

THEN, IN ADDITION, YOU CAN ADD THE FOLLOWING COVERAGES IF YOU DO NOT PRESENTLY HAVE THEM. IF YOU DESIRE TO KNOW THE COST OR DESIRE SAME ADDED, PLEASE LET US KNOW.

\_\_\_ TOWING & LABOR \_\_\_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$75 \_\_\_ \$100 \_\_\_ OTHER

\_\_\_ RENTAL REIMBURSEMENT - \$ \_\_\_\_\_ LIMIT

(HELPS PAY FOR RENTAL OF CAR IF YOURS IS DAMAGED BY A COLLISION OR COMPREHENSIVE LOSS. WITH THE CHANGE IN INDIANA LAW TO COMPARATIVE NEGLIGENCE, THIS MIGHT BE A COST-SAVINGS COVERAGE.)

\_\_\_ AUTO LOAN/LEASE COVERAGE

\_\_\_ ACCIDENTAL DEATH/DISABILITY BENEFITS

\_\_\_ TAPES, CB RADIO, TWO-WAY RADIO OR TELEPHONE

\_\_\_ CUSTOMIZING (FOR VANS OR TRUCKS) - \$ \_\_\_\_\_ LIMIT

\_\_\_ STATED AMOUNT COVERAGE FOR APPRAISED VEHICLES - \$ \_\_\_\_\_ LIMIT AND VEHICLE # \_\_\_\_\_

\_\_\_ UMBRELLA LIABILITY COVERAGE

(PROVIDES AN ADDITIONAL \$1 MILLION OR MORE OF LIABILITY COVERAGE.)

**ANTIQUÉ VEHICLES MAY REQUIRE A SPECIAL POLICY.**

**THE ABOVE IS MERELY A SUMMARY. PLEASE PROVIDE A COPY OF YOUR PRESENT POLICY FOR SPECIFIC COVERAGES, CONDITIONS AND EXCLUSIONS.**