

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Auto Insurance **Bridenstine and Associates** Fax 612-395-5233

NAME AND ADDRESS OF APPLICANT: (Place of garaging if different)	
First Name:	Last Name:
Street Address:	
City:	State: Zip Code:
County:	*Garaging:
Telephone #- (H)	(W)

NAMES OF ALL RESIDENTS OF HOUSEHOLD LICENSED OR NOT.

#	Include FULL NAMES & Birth Dates of Children			Relationship To Applicant	Birth Date Mo. - Day - Yr.	Sex M-F	*M/S - Marital Status: S-Single, M-Married, W-Widowed					
	FIRST	MIDDLE NAME	LAST				M/S*	Driver's License No.	State	Social Security No.		

#	Auto Drives	Op Prin	Op Occ	Use of Auto				Miles Driven To Work/School One Way	Good * Student V)	Def * Driver V)	Occupation	Name and Location of Employer or School	
				Pleasure	Farm	Business	To Work					To School	Employer or School

Year	Make	Model and Body Type	Vehicle Identification No.	State	Plate No.	Owner	Cost New Stated Amt.	Anti-Theft			
1.											

LOSS PAYEE: Name and Mailing Address

1. _____

2. _____

3. _____

4. _____

COVERAGE	LIMIT OF LIABILITY	Check Box for Coverage Desired			
		AUTO 1	AUTO 2	AUTO 3	AUTO 4
SINGLE LIMIT LIABILITY (CSL)	\$ EAACCIDENT				
BODILY INJURY LIABILITY	\$ EA PERSON \$ EA ACCIDENT				
PROPERTY DAMAGE LIABILITY	\$ EAACCIDENT				
MINNESOTA PERSONAL INJURY PROTECTION (PI P)	\$ /\$ <input type="checkbox"/> NOT STACKED <input type="checkbox"/> STACKED <input type="checkbox"/> Work Loss Excl.-Named Insured <input type="checkbox"/> Work Loss Excl. Named Insured & Rel.				
MEDICAL PAYMENTS	\$ EA. PERSON				
UNINSURED MOTORISTS	\$ EA PERSON \$ EAACCIDENT				
UNDERINSURED MOTORISTS	\$ EA PERSON \$ EA ACCIDENT				
COMPREHENSIVE *	DED 1 \$ 2 \$ 3 \$ 4 \$				
COLLISION	DED 1 \$ 2 \$ 3 \$ 4 \$				
TOWING & LABOR	1 \$ 2 \$ 3 \$ 4 \$				
TRANSPORTATION EXPENSES	1 \$ /\$ 2 \$ /\$ 3 \$ /\$ 4 \$ /\$				

1. Current Insurance Carrier _____
 Policy No. _____
 Current Premium. _____

2. Any accidents, losses, or traffic violations in the past FIVE (5) years?
 Yes No Explain: _____

To provide an accurate proposal it will be necessary to check Motor Vehicle Reports, Accident Records, and credit history. I authorize Bridenstine & Associates to collect personal information to obtain proposals. I understand there is no obligation to place our insurance with Bridenstine & Assoc.

 Named Insured's Signature