



THE KLEMENT AGENCY

SPECIALIZING IN COMMERCIAL INSURANCE

AUTO FORM

Contact Name:

Business Name:

Contact Number/ Email:

Mailing Address:

Risk Address if Different:

Current Carrier:

Expiration Date:

Any Losses Past Three Years:

Vehicles:

Make:

Model:

Vin#:

Drivers:

Name:

Date of Birth:

Drivers License #:

State of License:

Comp and Collision Coverage: Yes or No

If Yes, Values of Vehicles: