

**Insurance Associates of Spencer**  
**Personal Auto Account Summary – Data Sheet**

Date \_\_\_\_\_ Producer \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address (rent/own/other) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_ Second Phone \_\_\_\_\_  
 Current Auto Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Drivers	DOB	Soc Sec#	Drive Lic #	Violations/Accidents

	Year, Make & Model	VIN#	Principal Oper	Usage/Miles
1				
2				
3				
4				
5				

	Veh 1	Veh 2	Veh 3	Veh 4	Veh 5
<b>Bodily Injury Liability</b>					
<b>Property Damage</b>					
<b>Med Pay</b>					
<b>Uninsured Motorist</b>					
<b>Underinsured Motorist</b>					
<b>Comp Deductible</b>					
<b>Collision deductible</b>					
<b>Towing &amp; Labor</b>					
<b>Rental Reimbursement</b>					
<b>Leased vehicle?</b>					
<b>Gap coverage desired?</b>					