

Amator Horn Insurance Agency

Auto Policy Questions

1. Named Insured:

2. Physical Address/Mailing Address

3. DOB's for all drivers in the household

4. DL #'s for all drivers in the household

5. Year/Make/Model of cars insured. Value of Autos.

6. Vin #.

7. Current Insurance/With Whom/Coverage Levels

A. Bodily Injury

B. Med Pay

C. Uninsured Motorist

D. Comp/Collision

E. Towing/Rental Car

Please print out this sheet, fill it out and fax it back to us at (530) 899-0732.