

Request To **ADD /SUBSTITUTE** or to obtain a **QUOTE** on a Vehicle

COMPLETE THIS FORM ENTIRELY AND FAX TO 559-298-4036 or email it to receptionist@clovisinsuranceagency.com

Completion and submission of this form DOES NOT bind any coverage or change your policy. We will notify you when coverage is bound or if we need additional information to process this request.

**A copy of the sales contract is required within 7 days of purchase of the brand new vehicle for some companies.
If you purchased from a private party, or if more than 7 days have passed since you purchased the vehicle: Bring the vehicle in for photos.**

Date: _____ Policy Number: _____

Name: _____ Address: _____ City: _____ State: ___ Zip Code: _____

Complete Vehicle Information is REQUIRED or you may attach a copy of the sales contract, pink slip, or DMV receipt. VERIFY the VIN!

Yr: _____ Make: _____ Model: _____ VIN: _____
(required)

Date Acquired: _____ How: _____ New or Used: _____ Cost/Value: _____ Odometer(required): _____

Anti-Lock: _____ Air Bags: _____ Anti-Theft Device: _____

2 or 4 wheel drive: _____ Camper unit or shell(yr/make/model)?: _____ Cost New/Value: _____

List all non-factory installed equipment such as Rims or Electronics as well as their cost or value:

Any Existing Damage: _____

Salvaged or Modified: _____ Explain: _____

Registered Owner(s): _____

Name of Bank or Financial Institution for lease or purchase as well as their Insurance Department Address:

Coverages Desired (you may write them in or make changes/additions if this vehicle is replacing* another vehicle on the policy)

Bodily Injury: _____ per pers/ : _____ per acc Property Damage: _____ UM Bodily Injury: _____ per pers/ : _____ per acc

UMPD or Collision Deductible Waiver: _____ Medical Payments: _____ Comprehensive deductible \$ _____ Collision deductible: _____

Rental reimbursement: _____ / day Towing Limit: _____ Loan/Lease Gap Coverage: _____ Replacement Coverage: _____

Is the Vehicle kept at the address listed on Page 1: _____

If not, list the garaging address: _____

Name(s), date(s) of birth, Driver License #(s), relationship to you, Occupation, of any other residents of the above address (above):

Primary Driver **: _____ Occasional Driver **: _____

Primary Use: _____ One Way Distance to Work-School: _____ mile(s) Annual Miles Driven: _____

* The Delete Car Form is required if you are needing to remove a vehicle for you policy at this time as well.

** The Add Driver Form is required if this driver is not currently listed on the policy.

American Mercury Insurance Company offers Mechanical Breakdown coverage for new as well as used vehicles to all of our clients. Their rates are typically 25-30% lower than those charged by dealers and banks. We will be sending you a quote for their extended mechanical breakdown warranty programs which are available for your vehicle! You will have up to 21 days from the date of purchase of your vehicle to decide which plan is right for you.

If you have already purchased a warranty, be sure to compare the pricing and programs since you have the right to cancel that warranty if you've been overcharged.