SAFECO
PERSONAL AUTO
SUPPLEMENTAL

Agency name: _____

Fax number: _____ Phone number: _____

Name of contact person at agency: _____

Please complete the following in addition to the ACORD 90, NY Personal Auto Application. Personal auto is underwritten on credit as well as personal characteristics. The following should be completed using the first named insured information. If an alternate person is later used as the first named insured, the quote and/or control number is VOID.

1st Named insured: _____

Level of education: _____ Less than high school _____ Associates degree
_____ High school or equivalent _____ Bachelors degree
_____ Masters or more

Occupation title: _____

Employer's name: _____

Nature of business of employer: _____

How long at this employer: years _____ and/or months _____
How long at previous employer: years _____ and/or months _____

Do you own your own home? _____ Proof will be required at time of binding.

2nd Named insured: _____

Level of education: _____ Less than high school _____ Associates degree
_____ High school or equivalent _____ Bachelors degree
_____ Masters or more

Occupation title: _____

Employer's name: _____

Nature of business of employer: _____

How long at this employer: years _____ and/or months _____
How long at previous employer: years _____ and/or months _____

Please add separate sheet for any additional operators.

A copy of the prior auto insurance dec and a copy of each driver's license are required for quoting. Maximum PIP limits are $125,000 (50k basic, 50k additional and 25k OBEL).

Quotes and applications can not be processed after 4PM