*Please complete all questions and mark questions that do not apply as “N/A”*

**Applicant Information**

**Client Name:****Social Security #:****Date of Birth:**

**Occupation:**      **Phone:****Email:**

**Spouse Name:****Social Security #:****Date of Birth:**

**Occupation:****Phone:****Email:**

**Mailing Address:****City:**

**State:****Zip:****County (Where Vehicles are Located):****Homeowner: Y[ ]  N[ ]**

**Previous Carrier:****Previous 6-Month Premium:****Previous Effective Date:**

**Requested Coverage Effective Date:**

**Requested Liability Limit:**

**Requested Comp/Coll Deductible:**

**Location Address (If Different then Mailing Address):**

**Vehicle Information**

1. **Year:****Make:****Model:       VIN:       Lienholder:Y[ ]  N[ ]**
2. **Year:    Make:      Model:       VIN:       Lienholder:Y[ ]  N[ ]**
3. **Year:    Make:      Model:       VIN:       Lienholder:Y[ ]  N[ ]**
4. **Year:    Make:      Model:       VIN:       Lienholder:Y[ ]  N[ ]**
5. **Year:    Make:      Model:       VIN:       Lienholder:Y[ ]  N[ ]**
6. **Year:    Make:      Model:       VIN:       Lienholder:Y[ ]  N[ ]**

**Driver Information**

**1. Name:       Date of Birth:       Social Security #:      Marital Status:**

**Drivers License #:      Relation:      Sex:   Accidents or Tickets in last 5 years: Y[ ]  N[ ]**

**2. Name:       Date of Birth:       Social Security #:      Marital Status:**

**Drivers License #:      Relation:      Sex:   Accidents or Tickets in last 5 years: Y[ ]  N[ ]**

**3. Name:       Date of Birth:       Social Security #:      Marital Status:**

**Drivers License #:      Relation:      Sex:   Accidents or Tickets in last 5 years: Y[ ]  N[ ]**

**4. Name:       Date of Birth:       Social Security #:      Marital Status:**

**Drivers License #:      Relation:      Sex:   Accidents or Tickets in last 5 years: Y[ ]  N[ ]**

**Details of accidents or tickets in the Last 5 years:**

**Have all residents of your home or operators of your vehicles been listed on this application: Y****[ ]  N****[ ]**

Please email completed Form to Robert Shimanek, III @ **robert@fidelityoftexas.com**or Fax to Robert Shimanek, III at 866-475-1803. Please INCLUDE current Auto policy Declaration pages, if you currently have an Auto policy in place. Please allow 24 to 48 hours for quote to be produced.