

Solution One Insurance, LLC
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APPLICANT INFORMATION

Name: _____ Spouse: _____
Gender: Male Female Gender: Male Female

DOB: _____ Occupation: _____ DOB: _____ Occupation: _____

SR22? Y/ N if so, claim # _____ SR22? Y/ N if so, claim #: _____

Driver's License#: _____ Driver's License#: _____

If no License: matricula/passport/TX ID/visa permanent resident card/voters card(EFIN)
Country: _____ #: _____
**Accidents, tickets or claims? Y/ N*
explain: _____

Effective date: _____ Primary Phone: _____ Email Address: _____

Address: _____

Mailing Address: _____

County: _____ **Own Home: Y/ N* **Mobile Home: Y/ N* Rent: Y/N Other: Y/N

**Previous Carrier:* _____ *Policy #:* _____ *Expiration Date:* _____

**How long with previous carrier?* _____ Lapse in coverage: Y/ N How Long? _____

Auto used in business: Y/ N If Yes, describe _____

Vehicle:

VIN# _____ Year _____ Make _____ Model _____

VIN# _____ Year _____ Make _____ Model _____

Lienholder: Y/ N Lienholder Name: _____ Address: _____

Coverage's:

- Liability: 30/60/25 50/100/50 100/300/100 100CSL 200 CSL 300 CSL
- UM/BI PD: None 30/60/25 50/100/50 100/300/100 100CSL 200 CSL 300 CSL
- Comp/Coll Deductible: None \$250 \$500 \$750 \$1,500 \$2,000 **With \$0 Glass? Y/N**
- Towing: Y/N Rental Reimbursement: Y/N
- PIP: None 2500 5000 10k **OR** Medical Payment Per Person: None 500 1000 2500 5000 10k

Insurance companies use information from you and other sources, such as your driving, claims and credit histories, to calculate an accurate price for your insurance. New or updated information may be used to calculate your renewal premium.

Who referred you? _____

Need to verify proof of Prior Insurance and (mobile) Home Owner for discount.