

CGM Risk Management Solutions

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AUTOMOBILE POLICY INDICATION OF COVERAGE REQUEST

A COPY OF THE CURRENT DECLARATION PAGES ARE NEEDED IN ORDER TO COMPLETE COMPREHENSIVE ANALYSIS

Agent:	Agent #:		Phone:	EMAIL:		
DRIVER #1:			DRIVER #2:			
Name:			Name:			
DOB:SSN:			DOB:SSN:			
License #			License #			
Currently Insured: Since:			Currently Insured:	Since:		
Occupation:			Occupation:			
STREET ADDRESS:			PHONE:			
			EMAIL:		·	
			_ CGM OK TO CONTACT: _	CL	LIENT	_AGENT
ADDITIONAL DRIVED	6					
ADDITIONAL DRIVER Name:		DOR•	License #	St•	Insured	Since:
			License #			
			License #			
			License #			
Automobile # 1 Own or Le	ase:		Automobile # 2 Own or Lease:			
Annual Miles Driven:	Uber /Lyft:		Annual Miles Driven:	Uber/Lyft: _		ft:
urrent Odometer: Delivery:			_ Current Odometer:	Delivery:		
Primary Driver: Occupation:			Primary Driver:	er:Occupation:		
Automobile # 3 Own or Le	ase:		Automobile # 4 Own or Lease:			
Annual Miles Driven: Uber/Lyft:			Annual Miles Driven:	n: Uber/Lyft:		ft:
Current Odometer: Delivery:			_ Current Odometer:	Delivery:		·
Primary Driver:	Occupation	Primary Driver:	Occupation:			
ACCIDENTS/ VIOLATIONS/I	NOTES: (details of all: dat	e, fault, payout or l	have you taken driver courses, receive	good driv	er discount, et	c.)