

Bikers for Boobies Fact Finder- Every 1 Filled Out \$10 Will Be Donated

Driver # 1 _____ DOB ___/___/___ DL# _____ ST _____ Social _____

Driver # 2 _____ DOB ___/___/___ DL# _____ ST _____ Social _____

Driver # 3 _____ DOB ___/___/___ DL# _____ ST _____ Social _____

Driver # 4 _____ DOB ___/___/___ DL# _____ ST _____ Social _____

Address _____ City _____ ST _____ Zip _____

Marital Status: Married / Single / Divorced / Separated / Widowed

Circle one: Own / Rent Automatic withdraw: Y / N Pay in full: Y / N

Phone: (____) ____-____ Cell: (____) ____-____ Email: _____

Preferred initial contact: Call / Email What is the best time and day for us to call you? _____

Employer: _____ How did you hear about us? _____

YEAR	MAKE	MODEL	VIN
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VEHICLE # 1 _____

VEHICLE # 2 _____

VEHICLE # 3 _____

VEHICLE # 4 _____

Prior Insurance Carrier _____ Renewal Date ___/___/___

Do you know your coverage's or deductibles? Please list what you do know:

Are you interested in home, renters, condo, motorcycle, boat or life insurance?

I agree that an insurance score and prior insurance information will be obtained.

Signature: _____ Date: _____

Comments: _____

This document can be faxed to 972-692-8553 or emailed to joeybertrand@allstate.com.