



Thank you for your interest in Auto Insurance at Gaines Insurance. We want to ensure that we can provide the best policy for you so please fill out the form below and submit the completed copy to our office. You can simply print and mail the form to our office at 2260 Lava Ridge Court #101 Roseville, CA 95661 or email the form as an attachment to Info@GainesIns.com. We also will accept a fax of the form at (916) 773-8004. Our staff will get back to you promptly. If you have any additional questions please call our office at (916) 773-8000.

Previous Policy Expiration Date:

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Previous Company/Carrier :

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Insured Name(s) :

---

Address:

---

Phone Number:

---

Email:

---

Garaging Address:

*(If different from above)*

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All Drivers in Household:

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Date(s) of Birth:

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Drivers License Numbers:

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Loss/Claim History :

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Have you had any Ticket Violations in the last 5 years? yes / no

Vehicle

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Year of Vehicle:

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Make of Vehicle:

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Model of Vehicle:

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Vehicle Identification Number:

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Alarm Type (If Applicable):

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Primary Driver :

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Usage (Pleasure/Commute/Business):

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Miles Driven One Way:

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Annual Miles:

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Is the Vehicle Leased or Owned?:

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If Leased, Loss Payee? :

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Employment/School Information (Name/Address/Occupation) :

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Good Student Discount (If Applicable – 3.0 or above)

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Marital Status:

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Liability Limits:

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Physical Damage Deductibles:

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Are you interested in adding Towing and Rental Coverage?:

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Odometer Reading:

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