



MAILING ADDRESS:
2058 N Mills Ave #522
Claremont, CA 91711

PHONE: 800-628-2882
FAX: 909-266-0359

EMAIL: office@h2ins.com

CA LICENSE #0C66703
ID LICENSE #600881

Auto Insurance Fact Finder

Referred By/Producer: _____ Date: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Mailing Address: _____ City/Zip: _____

Garaging Address: _____ City/Zip: _____

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make/Model				
Year				
Odometer Reading				
Annual Mileage				
Leinholder Name				
Leinholder Address				
Loan #				
Air Bags				
Anti Theft				
Recovery Device				
Antique or Classic				
Used for Business				
Used to Haul				
Add'l Parts/Equip				
Driver Name				
DL #				
Birth Date				
SS #				
Years Licensed				
Occupation				
Marital Status				
Gender				
Distance to Work				
Own or Rent				
Live with Parents				
Tickets/Accident				
Limits/Liability				
Med Pay				
UMBI				
UMPD/WCD				
Comp/Coll				
Towing/RR				



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**Auto Insurance Fact Finder
(cont'd)**

Name of person(s) in household	Birth Date	Good Student Eligible	Exclude

Current/Prior Carrier: _____ Expiration Date: _____ Premium: _____