



**OFFICE ADDRESS:**  
 1182 Monte Vista Ave Ste 18  
 Upland, CA 91786

**MAILING ADDRESS:**  
 2058 N Mills Ave Pmb 522  
 Claremont, CA 91711-2812

**Phone:** 800-628-2882  
**Fax:** 909-266-0359

**EMAIL:** office@h2ins.com

California License #0C66703

**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				



**H2 INSURANCE SERVICES, INC.**

WWW.H2INS.COM

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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: \_\_\_\_\_