



H2 INSURANCE SERVICES, INC.

WWW.H2INS.COM

Name _____
 Date _____
 Mailing Address _____
 Garaging Address _____
 email _____
 Home # _____ Cell _____

HOME OFFICE
 2058 N Mills Ave PMB 522
 Claremont, CA 91711-2812
 office@h2ins.com

Phone:
 800-628-2882
 909-985-5100
 Commercial Lines Fax:
 909-266-0359
 Personal Lines Fax:
 909-942-2764
 Health/Life Fax:
 909-266-1923

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year				
Make				
Model				
VIN #				
Odometer Reading				
Annual Mileage				
Leinholder Name				
Loan #				
Anti Theft				
Recovery Device				
Antique Or Classic				
Used for Business?				
Add'l Parts/Equip				
Liability Limits				
Medical Payment				
UMBI*				
UMPD/WCD**				
COMP Deductible				
COLL Deductible				
Towing				
Rental				
Driver Name				
Drivers License #				
Birthdate				
Years Licensed				
College Degree?				
Occupation				
Marital Status				
Gender				
Distance to work				
Own or Rent				
Live w/parents				
Tickets/Accidents				

*Uninsured/Underinsured Motorist Bodily Injury **Uninsured/Underinsured Motorist Property Damage/Waiver of Collision Deductible

Name of Other Person(s) in the Household				
Birthdate				
Good Student Eligible				
Exclude?				

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