



C.M. Safe Insurance Agency
24634 Five Mile Rd. # 30
Redford MI 48239
(P) 313.537.3363 – (F) 313.537.4325

APPLICATION FOR INSURANCE

Name on Policy: _____ Date of Birth: _____

Spouse or Other Driver: _____ Date of Birth: _____

Address: _____

Phone: _____ eMail address: _____

Driver 1 License number: _____

Driver 2 License number: _____

Circle one: Own Home / Rent Home/Apartment / Other: _____

Circle one: Health Insurance? Y / N Insurance Provided by the State? Y / N

Circle one: Prior Insurance? Y / N

If yes: Company Name _____ Expiration date: _____

Circle one: Single / Married / Divorced / Separated / Widowed

Tickets, violations, or claims in the past 5 years? List all

Driver One:

Driver Two:

Occupation: _____ Spouse/ Other Driver Occupation: _____

Vehicle ID Number (VIN): _____

Year: _____ Make: _____ Model: _____

Circle one: Is there a lien holder (do you make payments?): Y / N

If yes: Company Name: _____

Circle one: Is this a lease? Y / N

Circle one: Do you want collision coverage? Y / N Deductible: 250 / 500 / 1000 / 1500

Circle one: Do you want comprehensive coverage? Y / N Deductible: 250 / 500 / 1000 / 1500

Signature: _____ Date: _____