



### DRIVER INFORMATION FORM

Full Name _____	DOB _____	SSN _____	DL# _____	Married? _____
Full Name _____	DOB _____	SSN _____	DL# _____	Married? _____
Full Name _____	DOB _____	SSN _____	DL# _____	Married? _____
Full Name _____	DOB _____	SSN _____	DL# _____	Married? _____
Full Name _____	DOB _____	SSN _____	DL# _____	Married? _____
Business Location _____				

### AUTOMOBILE INFORMATION FORM

VIN _____	Year/Make/Model _____	Comprehensive _____	Collision _____
VIN _____	Year/Make/Model _____	Comprehensive _____	Collision _____
VIN _____	Year/Make/Model _____	Comprehensive _____	Collision _____
VIN _____	Year/Make/Model _____	Comprehensive _____	Collision _____
VIN _____	Year/Make/Model _____	Comprehensive _____	Collision _____

ELECTRONIC: Fill out this form on your computer, save it, and email it to us.  
HARD COPY: Print out this form, complete it, and fax or mail it to us.  
TELEPHONE: Call in with the above information. Phone numbers are above.

Email To:  
[forms@summersinsurance.com](mailto:forms@summersinsurance.com)

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