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|  | Ay-2-Ze LERA Insurance Services, Inc. |

# Auto Insurance Customer Information Form

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click here to enter text. | Click here | \* |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: | Click here to enter text. | \* |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Click here to enter text. | \* | \* |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: | Click here to enter text. | Alternate Phone: | Click here to enter text. |

|  |  |
| --- | --- |
| Email | Click here to enter text. |
|  |

|  |  |  |
| --- | --- | --- |
| Birth Date: | \* |  |
| Work Status: | Click here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you currently have insurance from another provider? | | Choose an item. | |
| Employer Name: | Click here to enter text. | |  | |
| Make: | Click here to enter text. | |  | |
| Model: | Click here to enter text. | |  | |
| Year: | Click here to enter text. | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-Applicant: | Click here to enter text. | Click here | \* |
|  | Last | First | M.I. |

Please complete and save this file and email it back to LERA Insurance Services, Inc. at [info@ay-2-ze.com](mailto:info@ay-2-ze.com)

If you have renewal from current insurance please attach info. Thank you.