

# Auto Insurance Application Form Sample for New Drivers

Filling out an **auto insurance application form** is essential for new drivers seeking coverage. This sample form guides applicants through providing necessary personal and vehicle information accurately. Completing the form correctly helps ensure timely processing and appropriate insurance protection.

## Personal Information

### Full Name

e.g., Jane Doe

### Date of Birth

(e.g., 01/01/1995)

### Address

e.g., 123 Main St, City, State ZIP

### Phone Number

e.g., (123) 456-7890

### Email Address

e.g., you@email.com

## Driver Information

### Driver's License Number

(e.g., 123456789012345678)

### Issuing State

e.g., CA

### License Issue Date

(e.g., 01/01/2023)

### License Expiry Date

(e.g., 01/01/2025)

## Vehicle Information

### Make

e.g., Toyota

### Model

e.g., Corolla

### Year

(e.g., 2015)

### Vehicle Identification Number (VIN)

(e.g., 1G1Z2C1H2J3456789)

### Current Mileage

(e.g., 123456)

## Insurance History

**Previously Insured?**

-- Select --

**Previous Insurer Name (if applicable)****Previous Policy Number (if applicable)****Coverage Options****Desired Coverage**

-- Select --

**Additional Comments****Comments or Special Instructions**

**Submit Application**