

# 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

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

Issuing State

e.g., CA

License Issue Date

License Expiry Date

## Vehicle Information

Make

e.g., Toyota

Model

e.g., Corolla

Year

Vehicle Identification Number (VIN)

Current Mileage

## 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