

McNamara Company  
 1330 Hwy 96 St. Paul, MN 55110  
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 www.BuyHorseInsurance.com

## Auto, Boat, ATV Insurance Information Sheet

(You may also send us a copy of your current policy instead of completing this form)

Full Name (include business name if applicable):			Address, City, State and Zip:			
<b>A. Vehicle Use</b>						
Year, Make, Model and VIN (include all Trailers, Boats, ATV's, etc.)	Pleasure Use	To/From Work Under 15 - Over 15 Miles	Farm Use Only	Name of Primary Driver		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
<b>B. Operator(s)</b>		License No.		Date of Birth		State
1.						
2.						
3.						
4.						
5.						
6.						
7.						
<b>C. Unlicensed Family Members</b>				Date of Birth		
1.						
2.						
3.						
4.						
<b>D. Vehicles</b>		Eligible For		Lay-Up Credit		Lay-Up Period
1.						
2.						
3.						
4.						
5.						
<b>E. Are all vehicles titled to you personally?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please provide details: _____						
<b>F. Are you requesting coverage for all Boats and Recreational Vehicles?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No IF "NO", PLEASE EXPLAIN: _____						

Insured's Signature _____	Date _____
Producer's Signature _____	Date _____