



STAR Insurance Services of Texas, Inc.

A division of the Steven L. Thomas Agency, Inc.

Auto Information Request

Name: _____

Address: _____

City, State, Zip: _____

County: _____ Social Security Number: _____

Phone Number: _____

Policy Period _____ Current Carrier _____

Name	TX D.L. #	Accident/losses/violation (3yrs)
Driver #1 _____	_____	_____
Driver #2 _____	_____	_____
Driver #3 _____	_____	_____
Driver #4 _____	_____	_____

Year/Make/Model	VIN	Cost New	Driver	Usage
Car #1 _____	_____	_____	_____	_____
Car #2 _____	_____	_____	_____	_____
Car #3 _____	_____	_____	_____	_____
Car #4 _____	_____	_____	_____	_____

Check preferred limits

Liability Limits 25/50/25 _____ 50/100/50 _____ 100/300/100 _____

Uninsured/Underinsured Motorist 25/50/25 _____ 50/100/50 _____ 100/300/100 _____

Personal Injury Protection 2500 _____ 5000 _____ 10,000 _____

Comprehensive Deductible 100 _____ 250 _____ 500 _____

Collision Deductible 250 _____ 500 _____ 1000 _____

If you have any questions, please call 972-625-9777

FAX TO 972-625-9778