



My School Insurance **Toll Free:**
P.O. Box 7518 **877-766-7518**
Surprise, AZ 85374 **Fax: 866-654-6442**



Named Insured _____ Phone _____

Contact _____

Year	Make	Model	# Passengers	Cost New	V.I.N.
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

Drivers

Name	Date of Birth	Driver License Number	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____