

**AUTO – MOTO INSURANCE  
APPLICATION****1. Name and Last name – Statutory name / Owner Details****2. Fiscal code/partita IVA:****3. Home address:****4. ZIP:****CITY:****Province.:****5. E-mail:****mobile.:****6. Instalments: annual**  **or** **six months** **7. Vehicle: Auto**  **or** **Moto**  **or** **Camion**  **or** **Other****8. Make and Model – Car commercial name:****9. Power****Plate number:****Immatricolation date:****10. GPS Alarm System?**SI  or NO **If GPS Alarm system specify model****11. Inception date:****Time:****12. Younger driver age:**Drivers coverage: expert free **Insurance coverages info****13. Third party liability insurance limit:****14. Vehicle already insured under your name: YES**  **or** **NO** **15. First time that I buy an insurance:**SI  or NO **16. Other family member already got an insurance:**SI  or NO **17. If YES on 16. please specify other plate number :****18. I had another car demolished or sold in the past, if it is so specify plate number :****19. I had another insurance in another country : attach a no claim letter from the previous insurance with indicated how many years you've been insured without claims****20. Did you need policy suspension possibility?**YES  or NO  ( only for motorcycle )**21. Fire and Theft: YES**  **or** **NO** **Value:****22. Did you pay IVA on the vehicle: YES**  **or** **NO** **23. KASKO**YES  or NO **24. Legal Expense**YES  or NO

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|-----|-------------------------------|------------------------------|-----------------------------|
| 25. | <b>Vandalism</b>              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 26. | <b>Natural events</b>         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 27. | <b>Drivers injuries</b>       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 28. | <b>Windows</b>                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 29. | <b>Roadside assistance</b>    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 30. | <b>Bonus Malus Protection</b> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |