



Ledkins Insurance Agency, LLC

PO Box 877

Thomasville, AL 36784

NEW CUSTOMER INFORMATION

Company Name _____

Company Address _____

Federal Identification # or Social Security # _____

Phone Number _____ Contact Person _____

How many years in business? _____

Is business mechanized? Yes No

What lines of insurance? W/C General Liability Auto I/M

Estimated Production (only if interested in WC or GL) _____

Payroll _____

Renewal Date(s): _____

PRIOR CARRIER(S):

WC (3 years) _____

GL (3 years) _____

Auto (4-5 years) _____

I/M (5 years) _____

Please call (800) 766-8349 or fax (334) 636-9830 or email sledkins@ledkinsinsurance.net or bmartin@ledkinsinsurance.net

AUTO INFORMATION

List of units

	Year	Make	Model	VIN #	St. Amount
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**Add extra pages if necessary

List of Drivers

	Name	DOB	Driver License #	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**Add extra pages if necessary

EQUIPMENT INFORMATION

List of Equipment

	Year	Make	Model	Serial #	Current St. Amount
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**Add extra pages if necessary

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bmartin@ledkinsinsurance.net