

ATTENTION:

AARP MEMBERS REQUESTING INFORMATION AND A QUOTE ON AUTOMOBILE INSURANCE

Thank you for your interest in the **AARP® Auto Insurance Program from The Hartford¹**.

Attached are your convenient “Request for Quote” forms. If you would like to receive an auto insurance quote from this Program, simply complete all requested information on the forms and return them, along with required paperwork, to The Hartford at the following address:

The Hartford
P.O. Box 14180
Lexington, KY 40512-9919

If you qualify, we'll send you a no-obligation quote to compare with your current coverage and premium.

Sincerely,

Susan L. Castaneda

Susan L. Castaneda
Vice President, The Hartford

AARP and its affiliates are not insurers. Paid endorsement. The Hartford pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP membership is required for Program eligibility in most states.

The AARP Auto Insurance Program from The Hartford is underwritten by Hartford Fire Insurance Company and its affiliates, One Hartford Plaza, Hartford, CT 06155. It is underwritten in AZ by Hartford Insurance Company of the Southeast; in CA, by Hartford Underwriters Insurance Company; in WA, by Hartford Casualty Insurance Company; in MN, by Sentinel Insurance Company; and in MA, MI and PA, by Trumbull Insurance Company. Savings, benefits and coverages may vary and some applicants may not qualify.

¹ In Texas, the Auto Program is underwritten by Redpoint County Mutual Insurance Company through Hartford of the Southeast General Agency, Inc. Hartford Fire Insurance Company and its affiliates are not financially responsible for insurance products underwritten and issued by Redpoint County Mutual Insurance Company.

REQUEST A FREE QUOTE FROM THE AARP AUTO INSURANCE PROGRAM



Auto Insurance
Program from



Thank you for your interest in the AARP® Auto Insurance Program from The Hartford. This program offers quality protection, added benefits, and claim service that goes the extra mile.

To request a free, no-obligation quote, fully complete ALL fields on this form and mail to:
THE HARTFORD, PO BOX 14180, LEXINGTON, KY 40512-9919

IMPORTANT: To obtain a quote, please fill out ALL fields below.

CODE: 003542

Name _____ Your Phone: (____) _____

Address _____ City _____ State _____ ZIP _____

Are you currently insured? ☐ Yes ☐ No If No, why? _____

How many years have you been with your current insurance carrier? _____

AARP membership number: _____ Email address: _____

To obtain a quote, **please attach proof of mileage for each vehicle** you would like to include. Proof of mileage includes documents such as emissions tests or service receipts. Photocopies are acceptable.

Vehicles (If more than 3, attach on a separate sheet)

Veh	Year	Make (Ford, Chev)	Model (Focus, Tahoe)	Submodel (EX, GT)	Body (2dr, 4dr)	Vehicle Identification Number	Vehicle Use: work, school, farm, pleasure, business or deliveries	If use is work or school: # Miles one way	# Days per week	What is your estimated annual mileage?
1										
2										
3										

Years at current residence: _____ (NY residents: do not answer)

Do you own a residence? (MN residents: do not answer) ☐ Yes ☐ No

Current Auto Insurance Company: _____

Current Policy Expiration: _____ Current Bodily Injury Limits: _____

Driver Information (Include yourself and any other drivers)

Claim History:

Have you had any Accidents, Moving Violations, Convictions, License Suspensions or Revocations?

☐ Yes ☐ No

(If Yes, please list below for past 5 years)*

Driver Name	Which driver operates each vehicle most often? (Each driver must be assigned to a different vehicle)	Date of Birth	Gender (M/F/X)	Marital Status (S, M, D)	Occupation	Years Licensed	Driver (Circle one)	Date	Description of Incident
1	Veh. 1 2 3	/ /					1 2 3	/ /	
2	Veh. 1 2 3	/ /					1 2 3	/ /	
3	Veh. 1 2 3	/ /					1 2 3	/ /	

*DE, KS, OK and VT residents: Please answer for the past 3 years; CA residents: Please answer for the past 60 months, but if the violation or conviction is for driving under influence or vehicular manslaughter while driving under the influence, please list all incidents occurring in the past 10 years.

As part of our underwriting procedures, we order consumer reports relating to credit, driving record and loss history, as allowed by law. Upon your request, we will advise you of the name and address of the consumer reporting agency from whom we obtain such reports. For VT residents: In order to provide a quote, please sign below to authorize us to order a consumer report relating to credit. Without your signature, we are unable to offer you a quotation. This report may also be ordered in connection with any other insurance applied for from us.

Signature: _____ Date: _____

AUTO QUESTIONNAIRE



1. Please complete this form and mail it, along with any requested proof documents, with the accompanying quote form to the address provided. **IMPORTANT:** To obtain a quote, all requested information must be provided.
2. For each vehicle you would like to include in the quote, please attach documented proof of mileage. Please provide two separate documents generated by a third party (such as Smog/Emissions test or vehicle service receipts) referencing recorded odometer readings at two different times (with a time range of 6 to 36 months between the dates of the two documents). Photocopies of original documents are acceptable.

Please note that the proof of mileage will only be accepted when on a company letterhead and/or includes company logo; with the date clearly noted for each odometer reading that is within the time range needed (6 to 36 months between the dates of the two documents); and with the vehicle year, make, model clearly indicated.

Your Information

Name _____ Phone (_____) _____

Street Address _____ City _____ State _____ ZIP _____

Questions

1. Are there any drivers (other than those listed above) who would drive any of your vehicles once a month or more? (or average of 12 times per year) If so, please provide their names and driver's license numbers.

Please select one: ☐ Yes ☐ No

If you answered yes, please provide the below information for each driver

Full Name _____

License Number _____

Date of Birth _____

Full Name _____

License Number _____

Date of Birth _____

2. In reference to Question #1, do you want these drivers to be added to the policy? Please list the names in the appropriate column.

Please list the drivers' full name
in the appropriate column

Would like to
add to policy

Do not want to
add to the policy