

# Sullivan Insurance

## Insurance Identification Cards & Binder Request

Name Of Registrant (Exactly how it appears on License)

\_\_\_\_\_  
First Middle Last  
Address

\_\_\_\_\_  
Street City State Postal Code

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ New Plates: \_\_\_\_\_ Transfer Plates \_\_\_\_\_

Vehicle Removed From Policy \_\_\_\_\_  
Year Make Model

New\*\*\* Vehicle \_\_\_\_\_  
Year Make Model

VIN# \_\_\_\_\_

ABS \_\_\_\_\_ Daytime Running \_\_\_\_\_ Alarm \_\_\_\_\_ ACTIVE / PASSIVE  
Yes/No Yes/No Yes/No Circle One

Lease \_\_\_\_\_ Finance \_\_\_\_\_ Cash Deal \_\_\_\_\_  
Yes/No Yes/No Yes/No

Leasing Or Financing Company:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address Street City Postal Code

Dealer Information:

\_\_\_\_\_  
Salesperson Name ( ) - ( ) -  
Phone FAX

\_\_\_\_\_  
Salesperson Email Dealership Name

MUST Attach: Bill of Sale/Lease Agreement and Window Sticker To Avoid Suspension For Physical Damage Coverage\*\*\* email: [info@callsullivan.com](mailto:info@callsullivan.com) or fax to +1 (845) 628-2054