

Inquiry Application

Mid Century Insurance Company of Texas

Texas Farmers Insurance Company

Farmers Texas County Mutual Insurance Company

- I hereby declare the facts stated in this inquiry form to be true.
- I understand that no insurance coverage is in effect and no liability of any kind shall attach to the Company "Xd" on above through the submitting of this inquiry. I authorize the driving record of all drivers to be checked through the State Motor Vehicle Department.

Date ► _____
 MONTH DAY YEAR

Signed ► _____

AGENT'S STATEMENT

Date ► _____
 MONTH DAY YEAR

Agent's
Phone _____

Agent's
Signature ► _____