

AUTOMOBILE QUOTE FORM

Name _____ Address _____
City State Zip

Previous Address If Less Than 3 Years _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

DRIVER INFORMATION

| Name | D.O.B./Age | M/F | Married (Y/N) | Occupation |
|----------|------------|-------|---------------|------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

| License #/State | Date Licensed | Social Security # (not required for initial quote) |
|-----------------|---------------|--|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Present Ins. Co. _____ Expiration Date _____ How Long _____

Homeowners Ins. Co. _____ Expiration Date _____ How Long _____

Auto insurance refused, cancelled or non-renewed? Y / N

Explain: _____

Any bankruptcy/foreclosures/reposessions in last 7 years? Y / N Date _____

Has any driver had any Comprehensive or PIP claims in the past 5 years? Y / N

Explain: _____

Has any driver had an accident in the last 5 years - regardless of fault? Y / N

Driver(s) & Fault or Not at Fault & Date(s) _____

Has any driver been ticketed for a moving violation in the past 5 years? Y / N

Driver(s) & Ticket Type(s) & Date(s) _____

Do any drivers qualify for good student or defensive driving discounts? Y / N

Explain: _____

VEHICLE INFORMATION

| Description | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 |
|--------------------------------------|------------------|------------------|------------------|------------------|
| Year | | | | |
| Make | | | | |
| Model | | | | |
| # Doors | | | | |
| Primary Driver | | | | |
| Pleasure or Commute | | | | |
| Commute Miles OW | | | | |
| Air Bags 1 or 2 | | | | |
| ABS 2 or 4 | | | | |
| Security System Y/N | | | | |
| 4 WD – Y/N | | | | |
| COVERAGES | | | | |
| Liability Limits | \$ | \$ | \$ | \$ |
| DEDUCTIBLES | | | | |
| Comprehensive | \$ | \$ | \$ | \$ |
| Collision | \$ | \$ | \$ | \$ |
| Liability Only (Check if applies) | | | | |
| Full Glass Y/N | | | | |
| Towing/Rental Y/N | | | | |
| Loss Payee Y/N | | | | |
| Stacked or Non Stacked PIP | | | | |

VIN Numbers (17 digits)

| VIN # | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Vehicle 1 | | | | | | | | | | | | | | | | |
| Vehicle 2 | | | | | | | | | | | | | | | | |
| Vehicle 3 | | | | | | | | | | | | | | | | |
| Vehicle 4 | | | | | | | | | | | | | | | | |

Non Factory Stereo Equipment: _____ **Value: \$** _____

Loss Payee Info: _____ **Loan #** _____

Purchase Date: _____ **Loan Amt: \$** _____ **Loss Replacement? Y/N** _____ **Gap Coverage? Y/N** _____

Y N - WOULD YOU LIKE A QUOTE ON AN UMBRELLA POLICY?

Y N - ARE YOU PROPERLY COVERED FOR LIFE INSURANCE? LIKE A QUOTE?