

# AUTOMOBILE INSURANCE QUOTE

**INSURED INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Other members of the household:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# \_\_\_\_\_ Relation: \_\_\_\_\_

Spouse: SS#: \_\_\_\_\_ Occupation: \_\_\_\_\_ Miles to Work: \_\_\_\_\_

Insured Occupation: \_\_\_\_\_ Miles to Work: \_\_\_\_\_

Years at present occupation: (insured) \_\_\_\_\_ (spouse) \_\_\_\_\_

Children have 3.0 grade point average? (who and current average)

\_\_\_\_\_

\_\_\_\_\_

Any children at college?: ( who, where are they, do they have a car)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years at present location: \_\_\_\_\_ (if less than 3, list prior address)

\_\_\_\_\_

**VIOLATIONS/CLAIMS:**

Any driver been in an accident, had a claim or received a citation in the past three years? ( claims include windshield repairs or replacements)

Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Brief Summary: \_\_\_\_\_

Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Brief Summary: \_\_\_\_\_

Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Brief Summary: \_\_\_\_\_

Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

Brief Summary: \_\_\_\_\_

Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_  
Brief Summary: \_\_\_\_\_  
(please use remarks for any further information)

**AUTOMOBILE INSURANCE QUOTE**

Number of vehicles in the household: \_\_\_\_\_ (list all)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver: \_\_\_\_\_

Which vehicles have leinholders? (list the vehicle and the leinholder)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVERAGES DESIRED:**

Liability limits: \_\_\_\_\_ (ie 100,000-300,000-500,000)

Uninsured/Underinsured limits: \_\_\_\_\_ (ie 100,000-300,000-500,000)

Medical/PIP limits: \_\_\_\_\_ (ie 5,000-10,000-25,000)

Comprehensive deductible: \_\_\_\_\_ (ie 100-250-500)

Which Cars? \_\_\_\_\_

Collision deductible: \_\_\_\_\_ (ie 250-500-1000)

Which cars? \_\_\_\_\_

Towing?Y/N\_\_\_\_ Rental car coverage quoted?Y/N\_\_\_\_

Rental/Towing on which cars: \_\_\_\_\_

Any existing damage to any of the vehicles:Y/N\_\_\_\_ (please describe)

\_\_\_\_\_  
\_\_\_\_\_

**UNDERWRITING:**

Are any of the vehicles used by drivers not in the household? Y/N\_\_\_\_  
( if so, please describe the relationship and include driving information)

\_\_\_\_\_  
\_\_\_\_\_

