

INFORMATION NEEDED FOR AN AUTO QUOTE

NAME:1.) _____
FIRST MIDDLE IN. LAST

2.) _____

3.) _____

ADDRESS: _____
STREET # CITY STATE ZIP

D.O.B: 1.) ____/____/____ **SOC#** ____-____-____ **LIC#** ____-____-____
2.) ____/____/____ **SOC#** ____-____-____ **LIC#** ____-____-____
3.) ____/____/____ **SOC#** ____-____-____ **LIC#** ____-____-____

HAVE HAD INSURANCE FOR AT LEAST 6 MONTHS: YES ____ **NO** ____
IF SO WITH WHOM: _____ **WHEN WIL IT EXP.** _____

MARITAL STATUS: MARRIED OR SINGLE

VEHICLES: 1.) YEAR _____ MAKE _____ MODEL _____
2 DOOR ____/4DOOR ____ VAN ____ PICKUP ____ SUV ____

VIN# _____

DISCOUNTS: AIRBAGS 0, 1 OR 2, DAYTIME LIGHTS Y OR N, ALARM Y OR N, ABS Y OR N, VIN ETCHING Y OR N

FULL COVERAGE OR LIABILITY (CIRCLE ONE)

DEDUCTIBLES ON COMP & COLLISION ____/____ FULL GLASS? Y OR N

2.) YEAR _____ MAKE _____ MODEL _____
2DOOR ____/4 DOOR ____ VAN ____ PICKUP ____ SUV ____

VIN# _____

DISCOUNTS: AIRBAGS 0, 1 OR 2, DAYTIME LIGHTS Y OR N, ALARM Y OR N, ABS Y OR N, VIN ETCHING Y OR N

FULL COVERAGE OR LIABILITY (CIRCLE ONE)

DEDUCTIBLES ON COMP & COLLISION ____/____ FULL GLASS? Y OR N

3.) YEAR _____ MAKE _____ MODEL _____
2DOOR ____/4DOOR ____ VAN ____ PICKUP ____ SUV ____

VIN# _____

DISCOUNTS: AIRBAG 0, 1 OR 2, DAYTIME LIGHTS Y OR N, ALARM Y OR N, ABS Y OR N, VIN ETCHING Y OR N

FULL COVERAGE OR LIABILITY (CIRCLE ONE)

DEDUCTIBLES ON COMP& COLLISION ____/____ FULL GLASS? Y OR N

HAVE YOU EVER TAKEN DEFENSIVE DRIVING? Y OR N
IF UNDER 21 HAVE YOU TAKEN DRIVER TRAINING IN SCHOOL? Y OR N
ARE ANY OF THESE VEHICLES USED FOR BUSINESS USE? Y OR N

PHONE # TO REACH YOU BACK AT? _____ (HOME)
_____ (CELL)
_____ EXT. _____ (WORK)