

# AUTOMOBILE QUOTE INFORMATION SHEET

**Most insurance companies use information from you and from other sources, such as your driving, claims and credit histories, to calculate an accurate price for your insurance. New or updated information may be used to calculate your renewal premiums. Each company also has a Privacy Policy that explains how they disclose and protect your personal information and how you may access and correct it. Copies of this information can be provided at your request.**

**Please sign here after reading this notice** \_\_\_\_\_

## **ABOUT THE DRIVERS:**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
DL# \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_  
Any tickets/accidents in past 60 months? \_\_\_\_\_  
\_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_  
DL# \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_  
Any tickets/accidents in past 60 months? \_\_\_\_\_  
\_\_\_\_\_

Additional driver \_\_\_\_\_ DOB \_\_\_\_\_  
DL# \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_  
Any tickets/accidents in past 60 months? \_\_\_\_\_  
\_\_\_\_\_

Additional driver \_\_\_\_\_ DOB \_\_\_\_\_  
DL# \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_  
Any tickets/accidents in past 60 months? \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ Other Phone \_\_\_\_\_

Best time to call \_\_\_\_\_ E-mail address \_\_\_\_\_

Check one: Own home \_\_\_\_\_ Rent \_\_\_\_\_ Live w/Parents \_\_\_\_\_

Quote homeowners? YES \_\_\_\_\_ NO \_\_\_\_\_ Life Insurance YES \_\_\_\_\_ NO \_\_\_\_\_

**Current Company** \_\_\_\_\_ Premium \_\_\_\_\_

Starting date of current policy \_\_\_\_\_ Ending date \_\_\_\_\_

**INFORMATION ABOUT YOUR VEHICLES:**

Year _____	Make _____	Model _____	2 door ___	4 door ___
VIN# _____	Primary driver _____			
Usage: Pleasure _____	Commute _____	Farm _____	Business _____	
(If commute: How many miles one-way _____ How many days per week _____)				
Do you hold the title on this vehicle? _____ Do you have a loan on this car? _____				
What coverage limits do you want us to quote? <i>(If you are unsure, leave this blank.)</i>				
<b>Bodily Injury</b> _____			<b>Comp Deductible</b> _____	
<b>Property Damage</b> _____			<b>Collision Deductible</b> _____	
<b>Uninsured/Underinsured</b>				
<b>Motorist</b> _____			<b>Roadside Assistance</b> YES ___ NO ___	
<b>Medical</b> _____			<b>Rental Reimbursement</b> YES ___ NO ___	

Year _____	Make _____	Model _____	2 door ___	4 door ___
VIN# _____	Primary driver _____			
Usage: Pleasure _____	Commute _____	Farm _____	Business _____	
(If commute: How many miles one-way _____ How many days per week _____)				
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<b>Property Damage</b> _____			<b>Collision Deductible</b> _____	
<b>Uninsured/Underinsured</b>				
<b>Motorist</b> _____			<b>Roadside Assistance</b> YES ___ NO ___	
<b>Medical</b> _____			<b>Rental Reimbursement</b> YES ___ NO ___	

Year _____	Make _____	Model _____	2 door ___	4 door ___
VIN# _____	Primary driver _____			
Usage: Pleasure _____	Commute _____	Farm _____	Business _____	
(If commute: How many miles one-way _____ How many days per week _____)				
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<b>Property Damage</b> _____			<b>Collision Deductible</b> _____	
<b>Uninsured/Underinsured</b>				
<b>Motorist</b> _____			<b>Roadside Assistance</b> YES ___ NO ___	
<b>Medical</b> _____			<b>Rental Reimbursement</b> YES ___ NO ___	
Medical _____			Rental Reimbursement _____	