



AUTO QUOTE FAX SHEET

Date: _____ Phone: _____

Name: _____ Address: _____

Garaging Zip (if different): _____ City, State, Zip: _____

Veh / Year Make Model VIN#

1. _____

2. _____

Air Bags Anti Lock Breaks Passive Alarm Anti-Theft

1. Y / N Y / N Y / N Y / N

2. Y / N Y / N Y / N Y / N

Driver Name (First, MI and Last) Date of birth

1. _____ / _____ / _____

2. _____ / _____ / _____

Driver's License Number Social Security Number

1. _____ - _____ - _____

2. _____ - _____ - _____

Please list any violations / accidents: (Use additional page if needed.)

Driver Date Type

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

Do you currently have auto insurance? Y / N If so, name of company insured with: _____

When does you policy renew? Date: _____ / _____ / _____

Would you like rental coverage? Y / N Would you like towing and labor coverage? Y / N

What is your current semi-annual premium? \$ _____

Do you own a home? Y / N, Type: House, Mobile Home, Condo

What type of coverage's you would like?

Vehicle Bodily Injury Property Damage Medical Payments

1. _____ / _____

2. _____ / _____

Would you like uninsured motorist coverage? Y / N If so what amount? _____ / _____ Stacked or Non-stacked

What amount would you like for a deductible? \$ _____ Comprehensive Collision
\$ _____

Comments: _____