

DATE: ___/___/___

REFERRAL: _____

PRINCIPAL: _____ ACCOUNT MGR: _____ CSR: _____

AUTO QUOTE SHEET:

Applicant/Driver

NAME: _____ DOB: ___/___/___, SS#: _____-_____-_____
 TDL #: _____, MARITAL STATUS: _____ OCCUPATION: _____ INDUSTRY _____
 Education: _____ GENDER: _____ AGE LICENSED: _____ PHONE NUMBER: _____
 ADDRESS: _____ VEHICLE GARAGED: _____ EMAIL _____

Co-Applicant/Driver

NAME: _____ DOB: ___/___/___, SS#: _____-_____-_____
 TDL #: _____, MARITAL STATUS: _____ OCCUPATION: _____ INDUSTRY _____
 DEGREE _____ GENDER: _____ DATE LICENSED: _____ PHONE NUMBER: _____
 ADDRESS: _____ VEHICLE GARAGED: _____ EMAIL _____

How many licensed drivers in the home: _____

Additional Driver: _____ DOB: _____ SS#: _____-_____-_____ DL#: _____
Additional Driver: _____ DOB: _____ SS#: _____-_____-_____ DL#: _____
Additional Driver: _____ DOB: _____ SS#: _____-_____-_____ DL#: _____

PRIOR/CURRENT INSURANCE: _____ **EXPIRATION DATE:** _____ **HOW MANY YEARS:** _____

Vehicle Information:

1. YEAR: _____ MAKE: _____ MODEL: _____ USAGE: _____ MILES: _____
 VIN#: _____ DRIVER: _____
 OWN: Y/N LEINHOLDER: Y/N _____
2. YEAR: _____ MAKE: _____ MODEL: _____ USAGE: _____ MILES: _____
 VIN#: _____ DRIVER: _____
 OWN: Y/N LEINHOLDER: Y/N _____
3. YEAR: _____ MAKE: _____ MODEL: _____ USAGE: _____ MILES: _____
 VIN#: _____ DRIVER: _____
 OWN: Y/N LEINHOLDER: Y/N _____
4. YEAR: _____ MAKE: _____ MODEL: _____ USAGE: _____ MILES: _____
 VIN#: _____ DRIVER: _____
 OWN: Y/N LEINHOLDER: Y/N _____

Coverages: Bodily Injury: _____ UM: _____ UIM: _____ Property Damage: _____
 Medical Payments _____ Tow/Rental: _____ PIP: _____ UMPD: _____ Auto Death Indemnity: _____
 Replacement Cost: _____ Full Glass: _____ Comp: _____ Collison: _____

Discounts: Anti-Theft: Y/N Passive Restraints: Y/N Anti-Lock Brakes: Y/N Pay in Full? Y/N EFT? Y/N Paperless/Email? Y/N Multi-Policy? Y/N Student Driver (Young Driver)? Y/N Homeowner Discount? Y/N AARP? Y/N Defensive Driving? Y/N

LOSSES

Date of loss: _____ Details of loss: _____ Amount paid: _____
 Date of loss: _____ Details of loss: _____ Amount paid: _____

Additional loss information, notes:

