

AUTO QUOTE SHEET

Name: _____ Marital Status: _____
 Address: _____
 City: _____ County _____ State: _____ Zip: _____

Current Coverages: Homeowners: Yes/No Renter : Yes/No Company: _____

DRIVERS

	<u>Name</u>	<u>DOB</u>	<u>DL# AND STATE</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Insured SS# _____ Spouse SS# _____

VEHICLES:

<u>Driver #</u>	<u>Year</u>	<u>Makes & Model /CC's</u>	<u>VIN Numbers</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COVERAGES

<u>BI</u>	50/100	100/300	150/300	250/500	300/300	500/500
<u>PD</u>	50	100	250	300	500	
<u>MED PAY</u>		2,000 5,000	10,000	20,000		
<u>UM</u>	100/300	150/300	300/300	250/500	500/500	
<u>UIM</u>	100/300	150/300	300/3000	250/500	500/500	

Comp Veh#1 _____ Veh#2 _____ Veh#3 _____ Veh#4 _____

Collision #1 _____ #2 _____ #3 _____ #4 _____

Towing _____

Rental Car Yes No

Use: Pleasure/ Work miles to _____

Violations in the last 5 years: