

01/08/09

Personal Auto Quote

Name or Company:

Address:

City, State: , Zip:

Phone #: () - SSN

Cell Phone #: () -

Fax #: () -

Equipment:

YEAR	MAKE	Vin	

Have you had any claims in the last 3 years? YES NO

If yes, Explain:

How much **Liability** will you need? State Min.\$25/50/15

50/100/25 50/100/50

100/300/15 100/300/25 100/300/50 100/300/100

250/500/15 250/500/25 250/500/50 250/500/100

Bodily Injury – each person/each accident/property damage each accident

Would you like Medical payments? \$500 \$1,000 \$2,000 \$5,000 \$10,000

What deductible do you want on **Physical Damage**? \$250 \$500 \$750

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Drivers

<i>Name</i>	<i>DOB</i>	<i>Drivers License#/State</i>	<i>Years with license</i>
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		/	
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		/	

How's your driving record? (last 3 years)

Would you like rental coverage? 30 per day(900 max) \$40 per day(1200 max)

Would you like roadside assistance? Yes No

Who is your present insurance company?

How long have you been insured with them?

Comments: