



Submit to: Fax: (716)662-4723
PLQuote@thepottergroup.com

Personal Auto Quote Sheet

If Address is less than 3 years

Date Submitted: _____

Name

Effective Date: _____

Phone

Street

Prior Carrier: _____

Street

City

State

Zip

How long w/ Prior: _____

Expiring Prem: _____ Limits: _____

City

State

Zip

County

Expiration Date: _____

Ow Rent

County

	Last Name	First Name	Rel.	DOB	OCC	SOC SEC #	SEX	MAR STAT	DL#	STATE	Exper ience
1											
2											
3											
4											

CAR	YEAR	MAKE	MODEL	VIN	Driver	MILES to WRK	MILES/ YR	DED COMP	DED COLL	RENT	TO W	Finance/ Leased
1												
2												
3												
4												

Liability Limits	Medical	UM	UIM	State Specific Coverage – PIP, Tort, Death Ben.

Date	VIOLATIONS	ACCID	Comp. Claim	DRIVER	DESCRIPTION	AMT. PAID	FAULT

Addl. Info: _____

Producer: _____ Phone: _____

Permission granted for Credit Score: Yes