

AUTO QUOTATION SHEET

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

Homeowner: Yes No Renters Insurance: Yes No Insurance Now: Yes No
 Company: _____

Drivers

<u>Name</u>	<u>DOB</u>	<u>Drivers License # and State of License</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Insured SS# _____ Spouse SS# _____

Vehicles For cycles and ATV we need c.c.'s, values, & years of experience

<u>Driver #</u>	<u>Year</u>	<u>Make & Model</u>	<u>To Wk & Annual</u>	<u>VIN Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Coverages Please circle or fill in desired amount

Bodily Injury	100/300	150/300	300/300	250/500	500/500
Property Damage	50	100	250	300	500
Medical Payment	10,000				
UM	100/300	150/300	300/300	250/500	500/500
UIM	100/300	150/300	300/300	250/500	500/500

Full Glass Yes No

Comprehensive	Vehicle 1 _____	Vehicle 2 _____	Vehicle 3 _____	Vehicle 4 _____
Collision	Vehicle 1 _____	Vehicle 2 _____	Vehicle 3 _____	Vehicle 4 _____
Towing	Vehicle 1: 50 75 100	Vehicle 2: 50 75 100	Vehicle 3: 50 75 100	Vehicle 4: 50 75 100
Rental Car Limit:	_____ per day _____ Max			