



1100 York Road
 Warminster, PA 18974
 Phone: 215-293-9188 Fax: 215-293-9189
 E-mail: Robertsmith@smithinsurancebrokers.com

Date of Application: _____

Requested Effective Date: _____

AUTO QUOTE INFORMATION

Thank you for submitting your information for your no obligation coverage review and quote. Please fill in the applicable information below:

Applicant(s) Name _____ E-Mail Address: _____

Address: _____

Cell # _____ Fax # _____

Driver Information:

Applicant Name: _____ Date of Birth: _____ Gender M or F

Drivers License State and Number: _____ Occupation: _____

Accidents/Tickets/Suspensions – Last 5 Years: _____ At Fault Accidents: _____ Not at Fault Accidents: _____

Spouse/Co-Applicant Name: _____ Date of Birth: _____ Gender M or F

Drivers License State and Number: _____ Occupation: _____

Accidents/Tickets/Suspensions – Last 5 Years: _____ At Fault Accidents: _____ Not at Fault Accidents: _____

Additional Drivers Name: _____ Relationship: _____ Date of Birth: _____ Gender M or F

Drivers License State and Number: _____ Occupation: _____

Accidents/Tickets/Suspensions – Last 5 Years: _____ At Fault Accidents: _____ Not at Fault Accidents: _____

Additional Drivers Name: _____ Relationship: _____ Date of Birth: _____ Gender M or F

Drivers License State and Number: _____ Occupation: _____

Accidents/Tickets/Suspensions – Last 5 Years: _____ At Fault Accidents: _____ Not at Fault Accidents: _____

Additional Drivers Name: _____ Relationship: _____ Date of Birth: _____ Gender M or F

Drivers License State and Number: _____ Occupation: _____

Accidents/Tickets/Suspensions – Last 5 Years: _____ At Fault Accidents: _____ Not at Fault Accidents: _____

Automobile Information:

Auto #1: Year: _____ Make: _____ Model: _____ VIN# _____

Primary Driver: _____

Auto #2: Year: _____ Make: _____ Model: _____ VIN# _____

Primary Driver: _____

Auto #3: Year: _____ Make: _____ Model: _____ VIN# _____

Primary Driver: _____

Auto #4: Year: _____ Make: _____ Model: _____ VIN# _____

Primary Driver: _____

Auto #5: Year: _____ Make: _____ Model: _____ VIN# _____

Primary Driver: _____

Current Coverage's and Carrier Info (Please complete the below coverage sections if declaration page not being provided):

Insurance Carrier: _____ # of Years with Carrier: _____

Expiration Date: _____ Premium: \$ _____ Payment Schedule (Circle One): Monthly Quarterly Semi-Annual Annually

Tort Option (Circle One): Limited/Full

Current Bodily Injury Limit (Circle One): 15/30 25/50 50/100 100/300 250/500

Property Damage (Circle One): \$10,000 \$25,000 \$50,000 \$100,000

Medical (Circle One): \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Uninsured Motorist (Circle One): 15/30 25/50 50/100 100/300 250/500 Stacked or Unstacked

Underinsured Motorist (Circle One): 15/30 25/50 50/100 100/300 250/500 Stacked or Unstacked

Funeral Coverage Y or N Accidental Death Coverage Y or N Income Loss (Circle One): 1/5 1/10 1/15 2.5/50

Comprehensive Deductible per Vehicle:

Vehicle #1 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Vehicle #2 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Vehicle #3 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Vehicle #4 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Vehicle #5 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Collision Deductible per Vehicle:

Vehicle #1 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Vehicle #2 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Vehicle #3 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Vehicle #4 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Vehicle #5 (Circle One): \$100 \$250 \$500 \$1000 Not Applicable

Rental Car Reimbursement Y or N 20/600 25/750 30/900 50/1050

Towing Y or N

Best Time to Contact and Method:

Morning Afternoon Evening Time: _____

Contact Phone Number: _____

Additional Comments: _____

***When submitting this information sheet, if you have your policy declarations available, please send them.**

SEND FORM VIA E-MAIL TO ROBERTSMITH@SMITHINSURANCEBROKERS.COM

OR FAX TO (215) 293-9189