

Automobile Request for Quote

NAME			Occupation (Self)		
ADDRESS			Occupation (Spouse)		
CITY		STATE	ZIP		Telephone Number (H) _____
				(O) _____	
YOUR SOCIAL SECURITY No.		YOUR SPOUSES SOCIAL SECURITY No.			
			Current Insurance Company _____		
			Expiration Date _____		

1. VEHICLE INFORMATION – Use a separate sheet of paper to complete your answers if necessary.

VEHICLE	MODEL YEAR ('00)	MAKE (Ford) / MODEL (Taurus)	Vehicle Identification Number (VIN)	SUB-MODEL (LX)	CYLINDERS (4, 6, or 8)	BODY TYPE (2-dr., 4-dr., Hatchback)	MILES Driven Annually	Miles one-way to work, school, or commuter point	Number days per week	Any Customizations	Is vehicle kept on FARM and used for farming?	Is vehicle used for BUSINESS?	Is vehicle equipped with
#1										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Manual Alarm <input type="checkbox"/> Auto Anti-Theft
#2										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Manual Alarm <input type="checkbox"/> Auto Anti-Theft
#3										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Manual Alarm <input type="checkbox"/> Auto Anti-Theft
#4										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Manual Alarm <input type="checkbox"/> Auto Anti-Theft

Are any of your vehicles a pickup: Yes No Are all vehicles in household listed above? Yes No If No, reason: _____

Are all owned vehicles at address listed? Yes No If No, location & reason: _____

2.A DRIVER INFORMATION

DRIVER	NAME <small>(List head of household as Driver #1)</small>	DATE of Birth	MALE/ FEMALE	M=Married S=Single W=Widowed D=Divorced	Drivers License #	State	If student give grade average	% OF USE OF VEHICLE			
								Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
#1								%	%	%	%
#2								%	%	%	%
#3								%	%	%	%
#4								%	%	%	%

Are all residents in your household included above? Yes No If No, reason: _____ Total usage must add up to: **100% 100% 100% 100%**

2.B DRIVER INFORMATION

DRIVER	Relationship to Insured	County	Driver Training	Date Licensed	Student 100 miles or more away?
#1			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
#2			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
#4			<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)

Has any driver shown above had an accident or been convicted of a moving violation within the last 5 years. Yes No If yes, indicate below

Driver Name	Date Accident/Conviction	Describe Accident/Conviction	Place of Accident/Conviction	BI or Death Yes No	Amount of Damage To All Vehicles

4. COVERAGE Select Options

VEHICLE	DEDUCTIBLES	
	COMPREHENSIVE DEDUCTIBLE <small>(Check one)</small>	COLLISION DEDUCTIBLE <small>(Check one)</small>
#1	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> No Coverage	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> No Coverage
#2	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> No Coverage	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> No Coverage
#3	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> No Coverage	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> No Coverage
#4	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> No Coverage	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> No Coverage

* Check one box for bodily injury and one box for property damage.
* Same coverage for all vehicles.

Uninsured / Underinsured Motorists:
Per Person \$ _____ Per Accident \$ _____ Property Damage \$ _____ Medical Payments \$ _____ Towing and Labor \$ _____ Rental Reimbursement \$ _____

I hereby declare that I personally have read this request and I declare that the statements made are true. I understand that this is a request for a quotation only and that I am under no obligation

SIGNATURE OF REQUESTANT _____ DATE _____