

# Auto Quote

Name \_\_\_\_\_ Current Carrier \_\_\_\_\_ Date \_\_\_\_\_

## Health/ Driving History

1. Ever been treated for epilepsy, diabetes, heart condition, mental illness, or confined to a mental institute (don't bind if yes)? \_\_\_\_\_
2. Do you any physical impairments that will keep you from driving (don't bind if yes)? \_\_\_\_\_
3. A history of fainting, loss of consciousness, blackouts, seizures or convulsions? \_\_\_\_\_
4. Had drivers license expire, be suspended, restricted, or revoked in the last three years? \_\_\_\_\_
5. Had your insurance non-renewed or cancelled in the past three years? \_\_\_\_\_
6. Have you been convicted for any moving traffic violations or speeding tickets in the past three years? \_\_\_\_\_
7. Have you been convicted for drinking while driving, possession of alcohol, drunk in auto, drunk in public, hit & run, reckless driving, or refused to submit to an intoxication test? \_\_\_\_\_
8. Ever been cited for use or possession of drugs or for being present where narcotics are being used? \_\_\_\_\_
9. Ever been convicted for any criminal offence? \_\_\_\_\_
10. Been in volved in an at fault accident in the past three years? \_\_\_\_\_
11. Had yo ur vehicle stolen in the past five years? \_\_\_\_\_
12. Had an y other losses paid out by your insurance company in the last 5 years? \_\_\_\_\_

## Personal Information

Phone# \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_  
City \_\_\_\_\_ How many people: In the household \_\_\_\_\_ & Drivers on the Policy \_\_\_\_\_ Married/ Single \_\_\_\_\_  
Your DOB \_\_\_\_\_ DL# \_\_\_\_\_ Occ. \_\_\_\_\_ MI/Wk \_\_\_\_\_ Date LC \_\_\_\_\_  
Driver2 \_\_\_\_\_ DL# \_\_\_\_\_ Occ. \_\_\_\_\_ MI/Wk \_\_\_\_\_ Date LC \_\_\_\_\_  
Driver3 \_\_\_\_\_ DL# \_\_\_\_\_ Occ. \_\_\_\_\_ MI/Wk \_\_\_\_\_ Date LC \_\_\_\_\_  
Driver4 \_\_\_\_\_ DL# \_\_\_\_\_ Occ. \_\_\_\_\_ MI/Wk \_\_\_\_\_ Date LC \_\_\_\_\_

## Vehicle Information

How many vehicle? \_\_\_\_\_ Any Salvage Titles? \_\_\_\_\_ Customized/ Altered \_\_\_\_\_

1. VIN \_\_\_\_\_ 3. VIN \_\_\_\_\_  
Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
BI/PD \_\_\_\_\_ UM/UMPD \_\_\_\_\_ BI/PD \_\_\_\_\_ UM/ UMPD \_\_\_\_\_  
Comp \_\_\_\_\_ Coll \_\_\_\_\_ Med \_\_\_\_\_ Comp \_\_\_\_\_ Coll \_\_\_\_\_ Med \_\_\_\_\_  
C/R \_\_\_\_\_ Tow \_\_\_\_\_ NT \_\_\_\_\_ C/R \_\_\_\_\_ Tow \_\_\_\_\_ NT \_\_\_\_\_

2. VIN \_\_\_\_\_ 4. VIN \_\_\_\_\_  
Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
BI/PD \_\_\_\_\_ UM/UMPD \_\_\_\_\_ BI/PD \_\_\_\_\_ UM/ UMPD \_\_\_\_\_  
Comp \_\_\_\_\_ Coll \_\_\_\_\_ Med \_\_\_\_\_ Comp \_\_\_\_\_ Coll \_\_\_\_\_ Med \_\_\_\_\_  
C/R \_\_\_\_\_ Tow \_\_\_\_\_ NT \_\_\_\_\_ C/R \_\_\_\_\_ Tow \_\_\_\_\_ NT \_\_\_\_\_

Any Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_