

Statewide Insurance Group LLC

Auto Quote Sheet

Name of Driver	Date of Birth	Social	License #	Mileage/#days per week

Vehicle	Year	Make	Model	VIN

Garaging address:  
(Rent/Own) \_\_\_\_\_

Any vehicle use for Uber/Lyft/Delivery? \_\_\_\_\_

Accidents, speeding tickets in last 3 years? Y/N If yes, date: \_\_\_\_\_

Any drivers active military? \_\_\_\_\_

College Degree? \_\_\_\_\_ Occupation \_\_\_\_\_

Coverage requested (Full/UMBI/Liability Only) \_\_\_\_\_

Deductibles requested (Comp/Collision) \_\_\_\_\_ 0 glass deductible \_\_\_\_\_

Other household members that will drive your vehicle? Please list above.  
(Excluded/Rated) \_\_\_\_\_