

# General Auto Quote Sheet

Referred By: \_\_\_\_\_  
 Agent: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Ph (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Prior Carrier/Eff. Dates: \_\_\_\_\_  
 Has there been any lapse in coverage? \_\_\_\_\_ Who did you have prior to this if less than 3 years? \_\_\_\_\_  
 Would be interested in paperless billing \_\_\_\_\_ Method of Payment (full, eft, monthly?) \_\_\_\_\_  
 Own Home? \_\_\_\_\_ Mailing Address? \_\_\_\_\_

Driver	M/S/D	DOB	Social	DL#
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Level of Education for each driver (discounts available) \_\_\_\_\_  
 Occupations: \_\_\_\_\_  
 Any other drivers in house hold? \_\_\_\_\_  
 Have their been any tickets/accidents/claims made in the last 3 years? Or at fault accidents in the last 5 years? \_\_\_\_\_

Year	Make/Model	VIN#	Work/Pleasure	miles/day	odo
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Leinholders: \_\_\_\_\_

### Coverages

BIPD _____	UM / UIM _____			
PIP _____	MED _____			
	V1	V2	V3	V4
Collision Ded. _____	_____	_____	_____	_____
Comp. Ded. _____	_____	_____	_____	_____
Towing _____	_____	_____	_____	_____
Rental _____	_____	_____	_____	_____
ADI _____	_____	_____	_____	_____

### Discounts

Good Student \_\_\_\_\_ Driver# \_\_\_\_\_ Drivers Training \_\_\_\_\_ Driver# \_\_\_\_\_

Quote Results :  
 Progressive = \_\_\_\_\_  
 Safeco = \_\_\_\_\_  
 The Hartford = \_\_\_\_\_  
 Travelers = \_\_\_\_\_  
 Hallmark = \_\_\_\_\_  
 Foremost = \_\_\_\_\_

Life/Health Insurance? \_\_\_\_\_ Individual/Group? \_\_\_\_\_ Interested? \_\_\_\_\_