

# KERNS INSURANCE

Phone: 812-709-9737

Fax: 812-295-5111

Email: edkerns@kernsinsurance.com

## Auto Quote

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Rep: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Garaging Address \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address \_\_\_\_\_ County: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ if < 3 yrs prior address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Drivers in Household: \_\_\_\_\_

1. Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

DL# \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

DL# \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

3. Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

4. Name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

### 3/5 Year Driving History- Violations, Accidents, or Losses of Any Kind/ List Driver, Date, and Details

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver:# \_\_\_\_\_ Use: Pleasure/ Work \_\_\_\_\_ mi

VIN# \_\_\_\_\_ Anti-Theft? \_\_\_\_\_ Full Coverage YES/NO

2. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver:# \_\_\_\_\_ Use: Pleasure/Work \_\_\_\_\_ mi

VIN# \_\_\_\_\_ Anti-Theft? \_\_\_\_\_ Full Coverage YES/NO

3. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver:# \_\_\_\_\_ Use: Pleasure/ Work \_\_\_\_\_ mi

VIN# \_\_\_\_\_ Anti-Theft? \_\_\_\_\_ Full Coverage YES/NO

4. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Driver:# \_\_\_\_\_ Use: Pleasure/ Work \_\_\_\_\_ mi

VIN# \_\_\_\_\_ Anti-Theft? \_\_\_\_\_ Full Coverage YES/NO

Which vehicles have a lien? \_\_\_\_\_

### Requested Coverage

BI: \_\_\_\_\_ PD: \_\_\_\_\_ PIP: \_\_\_\_\_ Comp DED: \_\_\_\_\_ Collision DED: \_\_\_\_\_

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Towing: Yes/No Rental: Yes/ No \_\_\_\_\_ UM/UIM: \_\_\_\_\_ PAYPLAN: \_\_\_\_\_ EFT: YES/NO

Does any vehicle have a rebuilt or salvaged title? YES/No Vehicle # \_\_\_\_\_

Are all vehicles titled to insured? YES/NO

## Discounts:

1. Own Home / Rent

2. Current Auto Limits: 25/50 50/100 100/300

3. How long with current auto insurance carrier? \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Married or Single? \_\_\_\_\_

6. Do any vehicles have an anti-theft system? Yes / No Which vehicles? \_\_\_\_\_

7. Education Level Discount:   None       High School Diploma/ GED       Some College       College Degree

8. Good Student: 3.0 GPA or above: Yes / No

9. Driver's Ed Course? Yes / No