



AUTO QUOTE WORKSHEET

Referred by:

| INSURED INFORMATION | | | | |
|---|-------|-----------------|------|------|
| Insured Name: | | Marital Status: | | SSN: |
| Spouse Name: | | | | SSN: |
| Current Address: | | | | |
| Previous Address: (if moved in last 2 years): | | | | |
| Phone#: | Type: | Home | Cell | Work |
| Email: | | | | |

| | | | | |
|---------------------------|-------------------------|------------|---------------------|----------------|
| Current Ins Co/Policy # | | Eff. Date: | Exp. Date: | |
| Length of Time w/Carrier: | Prior Liability Limits: | | Disability Carrier: | Excess Primary |
| Multi Policy Discounts: | Home | Umbrella | Life | Business |
| Medical Carrier: | | | Excess | Primary |

| EMPLOYER & OCCUPATION | | | | EDUCATIONAL LEVEL | | GROUP (MEA, Alum, AARP, CU) | |
|-----------------------|--|--|--|-------------------|--|-----------------------------|--|
| Insured: | | | | | | | |
| Spouse: | | | | | | | |

| HOUSEHOLD MEMBER INFORMATION | | | | | |
|------------------------------|------|-----|------------------------|-----|--------------------------------|
| # | Name | DOB | Drivers License Number | Sex | Tickets/Accidents Past 5 Years |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

| VEHICLE INFORMATION | | | | | | | |
|------------------------|------|------------|------|----------------------|-----------|----------------|-------------|
| # | Year | Make/Model | VIN# | Use/Miles | Ownership | Primary Driver | Ridesharing |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| Company Car Furnished: | | YES | NO | Rent Vehicles Often: | | YES | NO |

| COVERAGES | | | | | | | | | | | | |
|-----------------------------|-----------|---------|---------|-----------|---------|---------|-----------|---------|---------|-----------|---------|---------|
| | Vehicle 1 | | | Vehicle 2 | | | Vehicle 3 | | | Vehicle 4 | | |
| Combined Single Limit | 300 | 500 | 1M | 300 | 500 | 1M | 300 | 500 | 1M | 300 | 500 | 1M |
| Bodily Injury | 100/300 | 250/500 | 500/500 | 100/300 | 250/500 | 500/500 | 100/300 | 250/500 | 500/500 | 100/300 | 250/500 | 500/500 |
| Uninsured/Underinsured | YES | NO | | YES | NO | | YES | NO | | YES | NO | |
| Comprehensive | 100 | 250 | 500 | 1K | 100 | 250 | 500 | 1K | 100 | 250 | 500 | 1K |
| Collision Form | BASIC | | BROAD | BASIC | | BROAD | BASIC | | BROAD | BASIC | | BROAD |
| Collision Deductible | 250 | 500 | 1K | 250 | 500 | 1K | 250 | 500 | 1K | 250 | 500 | 1K |
| Rental (\$ per day/30 days) | 20 | 30 | 40 | 50 | 20 | 30 | 40 | 50 | 20 | 30 | 40 | 50 |
| Towing | YES | NO | | YES | NO | | YES | NO | | YES | NO | |

| REMARKS/ADDITIONAL VEHICLE OR DRIVER INFO |
|---|
| |

REMARKS/ADDITIONAL VEHICLE OR DRIVER INFO (cont.)