

# AUTO/HOME QUOTE FORM

**Applicant/Driver 1 - NAME** \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

Driver License # \_\_\_\_\_ State Lic \_\_\_\_\_ Email: \_\_\_\_\_

**Co-Applicant/Driver 2 - NAME** \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_

Driver License # \_\_\_\_\_ State Lic \_\_\_\_\_ Email: \_\_\_\_\_

**Any additional drivers in household?** \_\_\_\_\_

## AUTOS

1) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

2) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

3) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

## AUTO COVERAGE REQUESTED

**BI/PD:** 25/50/10 50/100/50 100/300/100 250/500/250

**Comp. Deductible:** Liability only 100 250 500 1,000

**Medical:** None 1,000 2,500 5,000 10,000 25,000

**Collision Deductible:** Liability only 100 250 500 1,000

## HOME / RENTERS INS

Year Built \_\_\_\_\_ Year Purchased (if applicable) \_\_\_\_\_ Sq Ft \_\_\_\_\_ Construction Type: Frame/Brick/Other \_\_\_\_\_

Age of Roof \_\_\_\_\_ Roof Type \_\_\_\_\_ (circle) Burglar / Fire Alarm / Sprinkler (inside home)

**Home Dwelling Coverage \$** \_\_\_\_\_ **Personal Contents Coverage (renters) \$** \_\_\_\_\_

**Deductible requested** (circle) 500 / 1000 / 1500 / 2500 / 5000

## Extra coverages

(Circle any that apply) Outbuilding / Sewer Backup / Pool / Scheduled Jewelry / Scheduled guns / Identity Fraud / Other \_\_\_\_\_

**\*\*Any home or auto claims last 5 years? List date(s) & type** \_\_\_\_\_

**Current Insurance Co** \_\_\_\_\_ **Start Date requested** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_