

## Standard Lines - Auto Quote Request Form

Effective Date:		Target Premium:	
Name Insured:		Occupation:	
Date of Birth:		SS#:	
Location Address:			
City:		State:	Zip:
County:		Own Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insured Phone:		Email:	
Are all the vehicles garaged at the mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, which vehicle and what is the garaging address)			
Vehicles:			
Garaging Address			
City:		State:	Zip:
Current Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Liability Limits:	Current Carrier Name:
Months in force(continuous with the same carrier):		Expiration Date:	TeleMetric:
<b>Property Information</b>			
Driver #1:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age when first Licensed:		Valid DL: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #:
Highest Level of Education:		Driver Training Course: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Driver #2:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relation to Insured:		DOB:	Good Student Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age when first Licensed:		Valid DL: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #:
Highest Level of Education:		Driver Training Course: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Driver #3:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relation to Insured:		DOB:	Good Student Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age when first Licensed:		Valid DL: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #:
Highest Level of Education:		Driver Training Course: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Driver #4:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relation to Insured:		DOB:	Good Student Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age when first Licensed:		Valid DL: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #:
Highest Level of Education:		Driver Training Course: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
<b>Coverage Information</b>			
Bodily Injury: <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 500/500 <input type="checkbox"/> 100 CSL <input type="checkbox"/> 300 CSL <input type="checkbox"/> 500 CSL <input type="checkbox"/> Other			
Property Damage: <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000			
Medical Payments: <input type="checkbox"/> None <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000			
Personal Injury Protection: <input type="checkbox"/> None <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000			
Uninsured Motorist BI: <input type="checkbox"/> None <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 500/500 <input type="checkbox"/> 100 CSL <input type="checkbox"/> 300 CSL <input type="checkbox"/> 500 CSL <input type="checkbox"/> Other			
Other Coverages:			

Vehicles			
Vehicle #1 Vin:		Year:	Make:
Driver:		Use: <input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School Commuting <input type="checkbox"/> Business <input type="checkbox"/> Farm	
Annual Miles:	Telematics device <input type="checkbox"/> Yes <input type="checkbox"/> No	Corporate Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comprehensive Ded:	Collision Ded:	Glass: <input type="checkbox"/> Yes <input type="checkbox"/> No	UM PD: <input type="checkbox"/> Yes <input type="checkbox"/> No \$
Registered Owner:		Date Purchased:	
Rental: <input type="checkbox"/> Yes <input type="checkbox"/> No Per day \$	Towing: <input type="checkbox"/> No <input type="checkbox"/> up to 15 miles <input type="checkbox"/> up to 100 miles	Agreed Value: <input type="checkbox"/> Yes <input type="checkbox"/> No \$	
Vehicle Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address:			
Vehicle #2 Vin:		Year:	Make:
Driver:		Use: <input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School Commuting <input type="checkbox"/> Business <input type="checkbox"/> Farm	
Annual Miles:	Telematics device <input type="checkbox"/> Yes <input type="checkbox"/> No	Corporate Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comprehensive Ded:	Collision Ded:	Glass: <input type="checkbox"/> Yes <input type="checkbox"/> No	UM PD: <input type="checkbox"/> Yes <input type="checkbox"/> No \$
Registered Owner:		Date Purchased:	
Rental: <input type="checkbox"/> Yes <input type="checkbox"/> No Per day \$	Towing: <input type="checkbox"/> No <input type="checkbox"/> up to 15 miles <input type="checkbox"/> up to 100 miles	Agreed Value: <input type="checkbox"/> Yes <input type="checkbox"/> No \$	
Vehicle Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address:			
Vehicle #3 Vin:		Year:	Make:
Driver:		Use: <input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School Commuting <input type="checkbox"/> Business <input type="checkbox"/> Farm	
Annual Miles:	Telematics device <input type="checkbox"/> Yes <input type="checkbox"/> No	Corporate Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comprehensive Ded:	Collision Ded:	Glass: <input type="checkbox"/> Yes <input type="checkbox"/> No	UM PD: <input type="checkbox"/> Yes <input type="checkbox"/> No \$
Registered Owner:		Date Purchased:	
Rental: <input type="checkbox"/> Yes <input type="checkbox"/> No Per day \$	Towing: <input type="checkbox"/> No <input type="checkbox"/> up to 15 miles <input type="checkbox"/> up to 100 miles	Agreed Value: <input type="checkbox"/> Yes <input type="checkbox"/> No \$	
Vehicle Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address:			
Vehicle #4 Vin:		Year:	Make:
Comprehensive Ded:		Collision Ded:	Glass: <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver:		Use: <input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School Commuting <input type="checkbox"/> Business <input type="checkbox"/> Farm	
Annual Miles:	Telematics device <input type="checkbox"/> Yes <input type="checkbox"/> No	Corporate Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registered Owner:		Date Purchased:	
Rental: <input type="checkbox"/> Yes <input type="checkbox"/> No Per day \$	Towing: <input type="checkbox"/> No <input type="checkbox"/> up to 15 miles <input type="checkbox"/> up to 100 miles	Agreed Value: <input type="checkbox"/> Yes <input type="checkbox"/> No \$	
Vehicle Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Address:			
Claims, Ticket or Accidents in the past 5 years: <input type="checkbox"/> Yes <input type="checkbox"/> No (driver/date/description)			
Comments:			
Agency:	Agency Code:	Email:	
Contact:		Phone:	
<b>Producer's Signature:</b>		<b>Producer's Name (Please Print):</b>	
<b>Applicant's Signature:</b>		<b>Date:</b>	