

**AUTOMOBILE QUOTATION INFORMATION SHEET**

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_ OTHER \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_ SS# \_\_\_\_\_

**VEHICLE INFORMATION:**

YEAR	MAKE	MODEL	BODY TYPE	VIN #	PRIN. DRIVER & USE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Do any vehicles have car phones? \_\_\_\_\_ CB radios? \_\_\_\_\_ Radar detectors? \_\_\_\_\_  
Stereo systems (non-factory)? \_\_\_\_\_ Plows? \_\_\_\_\_ Custom features? \_\_\_\_\_  
Air bags? \_\_\_\_\_ ABS? \_\_\_\_\_ Anti theft device? \_\_\_\_\_

**DRIVER INFORMATION:**

NAME	DOB	MARITAL STATUS	LICIENCE#	SS#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Any driver away at school? \_\_\_\_\_ Any driver a good student (B avg.) \_\_\_\_\_

Current employer & Occupation: \_\_\_\_\_

**ACCIDENTS OR VIOLATIONS:**

Driver	Date of violation	Description	Payout
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ANY PREVIOUS CLAIMS: \_\_\_\_\_

COVERAGES (Present policy) Present carrier and agency: \_\_\_\_\_  
Premium per year: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Liability \_\_\_\_\_  
Medical Payments \_\_\_\_\_ UN Motorist \_\_\_\_\_  
Comprehensive deductible \_\_\_\_\_ Collision deductible \_\_\_\_\_  
Rental Reimbursement \_\_\_\_\_ Towing & Labor \_\_\_\_\_