

Auto Quote Sheet

Date _____

Name _____ e-mail _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Day Phone _____ Evening _____ Cell _____

License # _____ State _____ SSN _____

DOB _____ Sex: M / F Marital Status _____

Vehicle information: Please list additional auto's on back if needed

Year _____

Year _____

Make _____

Make _____

Model _____

Model _____

VIN# _____

VIN# _____

Driver (if married) _____

Driver (if married) _____

Vehicle use: Please circle: Pleasure / Work Miles away from work? _____

Name on Title: _____ Have you been licensed less than 3 years? Y / N

Violations/accidents/suspensions/DUI/Claims past 3yrs: Y / N description: _____

_____ Defense Driving Course? Y / N

Bankruptcy YES / NO Current Residence: please circle: *Own Rent Live with Parents Other _____

*If own, you may be eligible for Home+Auto discounts; would you like us to quote? _____

Currently insured? Y / N if yes current insurance company _____

Current Liability Limits _____ Do you currently have Full Coverage? YES or NO

Date cancelled (if applicable) _____ reason _____

Additional Drivers in household that will drive autos:

Name _____ DOB _____ SSN _____

Lic# _____ State _____ M / F Relationship _____

Name _____ DOB _____ SSN _____

Lic# _____ State _____ M / F Relationship _____

Would you be interested in: A life insurance quote? Y / N A personal financial review? Y / N

Signature _____ Date _____

Fax to 302-875-7541, e-mail to mparker@insurancechoices.com or drop off to one of our many locations