

Fact Finder - Automobile Quote

Name: _____

Address to be insured: _____

City: _____ Zip: _____ County: _____

Do you have any concerns with current coverage or policy? Y / N
 Are the vehicles driven for personal or commercial use? Y / N

Date: _____

How did you hear about us?

Phone #: _____
 Email: _____

Prior Insurance
 Prior Ins. Comp: _____
 Policy #: _____
 Years/Months Insured: _____
 Expiration date: _____
 Current Premium: _____

Any Lapse in Coverage in last 30 days? Y / N

Current Coverage:
 Liability: _____/_____/_____
 Uninsured/Underinsured: _____/_____/_____
 Collision: _____ Comp: _____
 Medical: _____ Rental: _____
 Towing: _____

Discounts

- Good Student? Y / N
- Resident Student? Y / N
- Teen Smart? Y / N
- Drivers Ed? Y / N
- 55 and Retired? Y / N

Any tickets, claims, accidents or violations in
 The past five years? Y / N

Describe:

Driver Information			Years	Occupation
Name	DOB	SSN/License #	Licensed	# Years
1. _____				
2. _____				

Vehicle Information									
Year	Make	Model	VIN	Orig Owner?	Purchase Date	Driver	Use	odom	mi to work
1. _____									
2. _____									

In connection with this application for insurance, the insurance companies may review your credit report or obtain or use a credit-based insurance score based on the information contained in that report. They may use a third party in connection with the development of your insurance score. This information has been reviewed and agreed upon.

Signature _____