



Name:		Phone #:
Address:		County:
Current Insurance Company:	Expiration date:	Township:

**VEHICLES:**

	Year	Make & Model	2 dr, 4dr or SW	Veh ID Number	Airbags?	ABS?	Anti-theft?
Veh 1:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veh 2:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veh 3:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RESIDENTS:**

List all household residents age 13 or older	Relation-ship	Birth Date	Social Sec #	Driver's License #	Mo/Yr Licensed	Drivers Ed?	Occupation	Marital Status	Drives Vehicle #:		
									1	2	3
	self								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has any driver or member of the household ever been arrested?  Yes  No If yes, provide details in "Remarks" section below  
 Does any driver have a medical condition for which drugs are prescribed or that affects ability to drive?  Yes  No Provide details in "remarks"

**COMPLETE THE FOLLOWING**

	Veh 1		Veh 2		Veh 3		FROM YOUR CURRENT INSURANCE POLICY, FILL IN YOUR CURRENT LEVELS OF COVERAGE:			
	Yes	No	Yes	No	Yes	No	BODILY INJURY LIABILITY		PROPERTY DAMAGE	
Is vehicle driven to work? If yes, road miles to work one way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Per Person	Per Accident	Per Accident	
Estimated annual miles driven?	_____	_____	_____	_____	_____	_____	\$	\$	\$	
Vehicle used in carpool? If yes, how many drivers?	_____	_____	_____	_____	_____	_____	MEDICAL PAYMENTS		UNINSURED / UNDER INSURED MOTORISTS	
Is vehicle used for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Per Person	Per Person	Per Accident	PROP DAM Per Accident
							\$	\$	\$	\$
<b>CURRENT COVERAGE</b>	Veh 1		Veh 2		Veh 3		<b>REMARKS:</b>			
Comprehensive Deductible	\$ _____		\$ _____		\$ _____					
Collision Deductible	\$ _____		\$ _____		\$ _____					
Towing / Road Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Transportation Exp / Rental Reim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Total Vehicle Premium	\$ _____		\$ _____		\$ _____					

**ACCIDENTS:** Has any household member or driver been involved in an accident, at fault or not at fault, within the past 5 years?  
 Yes  No If yes, complete the following:

Name of Driver	Date of Accident	At fault?	Accident Description	Injuries?	Dollar Amount of Damages	Whose Insurance Company Paid?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

**VIOLATIONS:** Has any household member or driver been cited for moving violations or had license suspended within the past 5 years?  
 Yes  No If yes, complete the following:

Name of Driver	Date of Violation	Violation Description	If Speeding, indicate:	License Suspension Dates:
			_____ in a _____ speed zone	From _____ To _____
			_____ in a _____ speed zone	From _____ To _____
			_____ in a _____ speed zone	From _____ To _____

**OTHER LOSSES:** Have any other losses been reported to an insurance company within last five years?  Yes  No  
 If yes, please provide details in the "REMARKS" Section above including dates and dollar amount paid.

**THIS FORM IS A REQUEST FOR A PREMIUM ESTIMATE AND NOT AN INSURANCE POLICY.** Any quotes offered are based upon information provided and could change upon further review of driving record or other applicable information. Any quotes provided are not offers to provide coverage, but rather an estimate of policy premium should you qualify for coverage.