

* Need to complete ALL categories.

AUTO QUOTE

| | | | |
|-------------------------------|---------|-------|------|
| 1. General Information | SOURCE: | Date: | CSR: |
|-------------------------------|---------|-------|------|

| | | | |
|---------|-----------|---------------|--------------------------|
| NAME | Last: | First: | MI: |
| ADDRESS | Street: | City: | St: Zip: |
| PHONE | Home: () | Business: () | Cell: () Email Address: |

| VEHICLE | MODEL YEAR (95) | MAKE (Toyota) | MODEL (Camry) | SUB-MODEL (LE) | VIN # (VEHICLE IDENTIFICATION NUMBER) | PRINCIPAL DRIVER | Cylinders 4, 6, or 8 | BODY TYPE 2-dr., 4-dr., Hatchback | MILES Driven Annually | Miles to Work | # of Days wk | Is vehicle equipped with |
|---------|-----------------|---------------|---------------|----------------|---------------------------------------|------------------|----------------------|-----------------------------------|-----------------------|---------------|--------------|---|
| #1 | | | | | | | | | | | | <input type="checkbox"/> Air bag-Dr. <input type="checkbox"/> Air bag-Pas. <input type="checkbox"/> Anti-Lock Br. <input type="checkbox"/> Man. AntiTheft <input type="checkbox"/> AutoSeatbelt <input type="checkbox"/> Auto AntiTheft |
| #2 | | | | | | | | | | | | <input type="checkbox"/> Air bag-Dr. <input type="checkbox"/> Air bag-Pas. <input type="checkbox"/> Anti-Lock Br. <input type="checkbox"/> Man. AntiTheft <input type="checkbox"/> AutoSeatbelt <input type="checkbox"/> Auto AntiTheft |
| #3 | | | | | | | | | | | | <input type="checkbox"/> Air bag-Dr. <input type="checkbox"/> Air baPas. <input type="checkbox"/> Anti-Lock Br. <input type="checkbox"/> Man. AntiTheft <input type="checkbox"/> AutoSeatbelt <input type="checkbox"/> Auto AntiTheft |

Are all vehicles in household listed above? Yes No If no, reason _____

Company Vehicle in Household? Yes No If Yes, Who is driver? _____

| Driver | NAME (List head of household as Driver #1) | DATE OF BIRTH | M or F | Drivers License Number | Social Security Number | M=Married S=Single W=Widowed D=Divorced | OCCUPATION (Indicate if Retired or Student) (See back for employer address) | GSD Yes or No | # of yrs. at pres. job |
|--------|--|---------------|--------|------------------------|------------------------|--|---|---------------|------------------------|
| #1 | | | | | | M S W D | | | |
| #2 | | | | | | M S W D | | | |
| #3 | | | | | | M S W D | | | |
| #4 | | | | | | M S W D | | | |

Are all drivers in your household included above? Yes No If no, reason: _____

| 4a. ACCIDENTS and CLAIMS in past 5 years | | | | | 4b. VIOLATIONS in past 5 years | | |
|--|------|--------------------------|-------------------------|-----------|--------------------------------|------|--------------|
| Driver # | Date | At Fault or Not At Fault | Description of Accident | Amt. Paid | Driver # | Date | Cited For... |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Do you presently have insurance? Yes No If yes, Name of Insurance Co.: _____ Exp. Date: _____ If no, Have you had insurance in the previous 30 days? Yes No

Do you own or rent your home? Own (Dwelling MobileHome) Rent Live with parents/other How long have you lived at your current address? _____ yrs. _____ mos.

If less than 90 Days at current address – Need Prior Address: _____

5. COVERAGE Select Options (CHECK COVERAGES THAT PROSPECT CARRIES)

ALL VEHICLES

| Liability Limits | Property Damage Liability | Medical Payments | Un-insured Motorist Liability | Under-insured Motorist Liability |
|--|----------------------------------|---------------------------------|--|--|
| <input type="checkbox"/> 500,000 CSL | <input type="checkbox"/> 500,000 | <input type="checkbox"/> 25,000 | <input type="checkbox"/> 500,000 CSL | <input type="checkbox"/> 500,000 CSL |
| <input type="checkbox"/> 300,000 CSL | <input type="checkbox"/> 250,000 | <input type="checkbox"/> 15,000 | <input type="checkbox"/> 300,000 CSL | <input type="checkbox"/> 300,000 CSL |
| <input type="checkbox"/> 500,000 - 500,000 | <input type="checkbox"/> 100,000 | <input type="checkbox"/> 10,000 | <input type="checkbox"/> 500,000 - 500,000 | <input type="checkbox"/> 500,000 - 500,000 |
| <input type="checkbox"/> 250,000 - 500,000 | <input type="checkbox"/> 50,000 | <input type="checkbox"/> 5,000 | <input type="checkbox"/> 250,000 - 500,000 | <input type="checkbox"/> 250,000 - 500,000 |
| <input type="checkbox"/> 100,000 - 300,000 | | <input type="checkbox"/> 2,000 | <input type="checkbox"/> 100,000 - 300,000 | <input type="checkbox"/> 100,000 - 300,000 |
| <input type="checkbox"/> 50,000 - 100,000 | | <input type="checkbox"/> 1,000 | <input type="checkbox"/> 50,000 - 100,000 | <input type="checkbox"/> 50,000 - 100,000 |

| Vehicle # 1 | | | Vehicle # 2 | | | Vehicle # 3 | | |
|--------------------------------------|----------------------------------|-------------------------------------|--------------------------------------|----------------------------------|-------------------------------------|--------------------------------------|----------------------------------|-------------------------------------|
| Comprehensive Cov. Deductible | Collision Cov. Deductible | Towing | Comprehensive Cov. Deductible | Collision Cov. Deductible | Towing | Comprehensive Cov. Deductible | Collision Cov. Deductible | Towing |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$500 | Rental | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$500 | Rental | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$500 | Rental |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$30/\$900 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$30/\$900 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$30/\$900 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 | | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 | | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$30/\$900 |
| <input type="checkbox"/> No Cov. | <input type="checkbox"/> No Cov. | | <input type="checkbox"/> No Cov. | <input type="checkbox"/> No Cov. | | <input type="checkbox"/> No Cov. | <input type="checkbox"/> No Cov. | |

| | | |
|--|---|--|
| <input type="checkbox"/> Accident Forgiveness | <input type="checkbox"/> Violation Forgiveness | <input type="checkbox"/> Full Glass Coverage |
| <input type="checkbox"/> Roadside Assistance - Basic | <input type="checkbox"/> Roadside Assistance - Plus | <input type="checkbox"/> Disappearing Deductible |

6. CURRENT ANNUAL PREMIUM

VEHICLE ONE:

VEHICLE TWO:

VEHICLE THREE:

7. EMPLOYER ADDRESS

DRIVER #1:

DRIVER #2:

DRIVER #3:

DRIVER #4:

7. REMARKS