

**AUTO QUOTE SHEET**

**TYPE OF QUOTE:** NEW \_\_\_ EXISTING \_\_\_ REFERRAL \_\_\_ **AGENT QUOTING:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Cell/Work #:** \_\_\_\_\_

**CURRENT COVERAGE REVIEW**

- Prior insurance? Yes / No Company?** \_\_\_\_\_
- Eff/Exp Date:** \_\_\_\_\_
- Years w/ Current Company** \_\_\_\_\_
- BI/PD Limits** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- UM/UIM** \_\_\_\_\_ / \_\_\_\_\_
- PIP:** \_\_\_\_\_ / \_\_\_\_\_
- Home:** Own / Rent / Other \_\_\_\_\_
- Home Insurance: Y / N Company:** \_\_\_\_\_  
**Eff/Exp Date:** \_\_\_\_\_
- Marital Status:** Single / Married/ Divorced / Widowed
- How many HHM in home:** \_\_\_\_\_
- HHM Licensed: Yes / No Own Ins: Yes / No**  
**Rated: Yes / No**
- Group Info:** \_\_\_\_\_
- Garaging Address:** \_\_\_\_\_

**RATED DRIVERS**

**Driver #1:**  
**Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**Relation to Named Insured:** \_\_\_\_\_  
**DL #** \_\_\_\_\_  
**Emp. Status:** Employed / Retired / Disabled / Unemp.  
**Employer:** \_\_\_\_\_  
**Distance From Home:** \_\_\_\_\_  
**Education level:** \_\_\_\_\_  
**Health Ins. Provider:** \_\_\_\_\_  
**Health Ins. Provided By Employer:** Yes / No  
**Good Student: Y / N Student Away @ School: Y / N**  
**Tickets / Accidents / Claims (5 years):** \_\_\_\_\_

**Driver #2:**  
**Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**Relation to Named Insured:** \_\_\_\_\_  
**DL #** \_\_\_\_\_  
**Emp. Status:** Employed / Retired / Disabled / Unemp.  
**Employer:** \_\_\_\_\_  
**Distance From Home:** \_\_\_\_\_  
**Education level:** \_\_\_\_\_  
**Health Ins. Provider:** \_\_\_\_\_  
**Health Ins. Provided By Employer:** Yes / No  
**Good Student: Y / N Student Away @ School: Y / N**  
**Tickets / Accidents / Claims (5 years):** \_\_\_\_\_

**VEHICLE INFORMATION**

**Vehicle #1:**  
**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
**VIN#:** \_\_\_\_\_  
**Leased: Y / N ACV: \$** \_\_\_\_\_  
**Addtl. Equip. (Cap/Plow) Y / N Value:** \_\_\_\_\_  
**Air Bag: Y / N Anti-Lock: Y / N Alarm: Y / N**  
**Use:** Pleasure / Commute/ Business / School  
**Miles one way:** \_\_\_\_\_ **Company Car: Y / N**  
**Comp Ded:** \_\_\_\_\_ **Full Glass: Yes / No**  
**Collision Ded:** \_\_\_\_\_ **Broad / Regular/ Limited**  
**Tow Limit:** \_\_\_\_\_ **Rental:** \_\_\_\_\_ / \_\_\_\_\_  
**Loss Payee/Lessor:** \_\_\_\_\_

**Who is Vehicle titled to?** \_\_\_\_\_

**Vehicle #2:**  
**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
**VIN#:** \_\_\_\_\_  
**Leased: Y / N ACV: \$** \_\_\_\_\_  
**Addtl. Equip. (Cap/Plow) Y / N Value:** \_\_\_\_\_  
**Air Bag: Y / N Anti-Lock: Y / N Alarm: Y / N**  
**Use:** Pleasure / Commute/ Business / School  
**Miles one way:** \_\_\_\_\_ **Company Car: Y / N**  
**Comp Ded:** \_\_\_\_\_ **Full Glass: Yes / No**  
**Collision Ded:** \_\_\_\_\_ **Broad / Regular/ Limited**  
**Tow Limit:** \_\_\_\_\_ **Rental:** \_\_\_\_\_ / \_\_\_\_\_  
**Loss Payee/Lessor:** \_\_\_\_\_

**Who is Vehicle titled to?** \_\_\_\_\_

**MISC. VEHICLES (Cycles/ORV/ Sleds/Travel Trailers)**

\_\_\_\_\_  
\_\_\_\_\_

**QUOTE RESULTS**

**OFFICE USE ONLY**

- Which company offered the best rates?** \_\_\_\_\_
- Multi Policy? Yes / No**
- If no prior, was payment plan given? Yes / No**
- Was quote given to insured? Yes / No**  
**Date:** \_\_\_\_\_
- Quoted insured via:** Fax/ Email / Phone / In Person
- Did insured take the quote? Yes / No**

**Misc Addl. Info:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type

Last Name

Date