

AGENT: Paul A. Fisher
Application for Auto Quote

Applicant's Name: _____ Date: _____

Phone # _____ Cell Phone # _____ Work # _____

Address: _____

Prior Address: (if less than 3 years) _____

Owns Home: _____ Rent: _____ Lives with Parents: _____

List All Drivers in the Household:

<u>Name</u>	<u>Sex</u>	<u>DOB</u>	<u>Marital Status</u>	<u>License Number</u>	<u>Years Driving</u>	<u>D/T</u>	<u>Defensive Driving</u>
1) _____							
2) _____							
3) _____							
4) _____							
5) _____							

<u>Occupation</u>	<u>SS#</u>
1) _____	
2) _____	
3) _____	
4) _____	
5) _____	

Accidents/Violations: Last 3 Years (All Incidents must be listed even if not at fault)

Comprehensive and Towing Incidents: Last 3 Years

DUI's or Suspensions: Last 5 Years

Are any drivers away at school over 100 miles without a car? _____

<u>Year Make & Model</u>	<u>Vehicle ID#</u>	<u>ABS Brakes</u>	<u>Air Bags</u>	<u>Type of Alarm</u>	<u>Loss Payee</u>
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____

	<u>Vehicle Use</u>	<u>Year Purch</u>	<u>New/Used</u>	<u>Miles Driven One-Way</u>	<u>Annual Miles</u>	<u>Odometer Reading</u>	<u>Primary Driver</u>
1)	_____	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____	_____

Current Carrier: _____ Expiration Date: _____
 Policy # _____

<u>Limits of Coverage:</u>	<u>Current</u>	<u>Quote</u>
Liability:	_____	_____
Uninsured/Underinsured	_____	_____
Stacked/Nonstacked	_____	_____
Medical Payments	_____	_____
Income Loss	_____	_____
Funeral Expense	_____	_____
Accidental Death	_____	_____
Extraordinary Medical	_____	_____
Comprehensive Deductible	_____	_____
Collision Deductible	_____	_____
Towing Limit	_____	_____
Rental Reimbursement Limit	_____	_____
Loan/Lease Gap	_____	_____
Limited or Full Tort?	_____	_____