

AUTO QUOTE SHEET**Ajinsurance24@gmail.com**

NAME: _____ DATE: _____

ADDRESS: _____ HOW LONG AT ADDRESS: _____

Mailing Address (if different): _____

EMAIL: _____ MARITAL STATUS: _____ Social S#: _____

PHONE: _____

DRIVER'S NAME **DATE OF BIRTH** **DRIVER'S LICENSE #** **OCCUPATION/ EDUCATION**

1) _____

2) _____

3) _____

VEHICLE INFORMATION: PERSONAL _____ BUSINESS _____

YEAR/MAKE/MODEL **VIN#** **ANNUAL MILES OR TO WORK/SCHOOL**

1) _____

2) _____

3) _____

RV OR HORSE TRAILERS - LENGTH/PURCHASE DATE/AMOUNT:

A. CURRENT CARRIER: _____ HOW LONG? _____ RENEWAL DATE: _____

B. DO YOU HAD AN CLAIMS IN THE PAST 5 YEARS? _____ IF YES, PLEASE EXPLAIN:

C. WHEN WOULD NEW POLICY START: _____

D. PAYMENT PLAN: MONTHLY: _____ PAID IN FULL _____ CREDIT CARD _____ BANK DRAFT _____

E. BODILY IABILITY LIMITS: _____ UNISURED/UNDERINSURED MOTORIST LIMITS: _____

F. PERSONAL INJURY PROTECTION LIMITS: _____ PROPERTY DAMAGE LIMITS: _____

G. ROADSIDE LIMTS: 25 _____ 50 _____ 75 _____ RENTAL LIMTS: 30 _____ 35 _____ 50 _____

H. COMPREHENSIVE DEDUCTIBLE: _____ COLLISION DEDUCTIBLE: _____

I. LEIN HOLDER ON ANY OF THE VEHICLES: _____

ANOTHER OTHER POLICY NEEDED: _____