

## Auto/Life Quote Sheet

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License # \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Marital Status: \_\_\_\_\_ Number of dependents \_\_\_\_\_

Smoker: Yes \_\_\_ No \_\_\_ Home status: Rent \_\_\_ Own \_\_\_ Would you like an SR-22 Quote: Y \_\_\_ N \_\_\_

You would like a quote for (choose one): AUTO \_\_\_ LIFE \_\_\_ BOTH \_\_\_

Are you currently insured? Yes \_\_\_ No \_\_\_ With Whom (AUTO) \_\_\_\_\_

Yes \_\_\_ No \_\_\_ With Whom (AUTO) \_\_\_\_\_

What is your current premium? AUTO \_\_\_\_\_ Deductible Amount? \_\_\_\_\_

LIFE \_\_\_\_\_ Face Amount? \_\_\_\_\_

Current level of coverage? AUTO: FULL \_\_\_ LIABILITY \_\_\_ LIFE: TERM \_\_\_ WHOLE LIFE \_\_\_

### Vehicle Information

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_