



AUTO INSURANCE RATE QUOTE FORM

Name: _____ SSN: _____

Name of Employer: _____

Spouses Name: _____

Mailing Address: _____

Property Address: _____

Phone Numbers: Home: _____ Work: _____ Best time to reach you: _____

Current Policy Information:

Insurance Company: _____ Policy Number: _____

Expiration Date: _____ Annual Premium: \$ _____

Driver Information:

Do you: own your home/condo? own your mobile home? rent/other?

Have you or any drive in the household had their license suspended or revoked in the past five years: Yes No

If yes, please explain: _____

How many licensed drivers in the household? _____

Has anybody in the household completed a defensive driving course within the past three years? _____

List all licensed drivers

#	Driver Name	DOB/Age	Sex	Marital Status	Age Licensed	Away At School?	Driver Training?	A/B Grade Point Avg?
1								
2								
3								
4								
5								
6								

List accidents/convictions/claims in the past 5 years

#	Driver Name	Date	Accident/Conviction/Claim Description	Any bodily injury or deaths?	Payment Amount
1					
2					
3					
4					
5					
6					



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Has any company declined, canceled, or refused to renew auto insurance for any operator within past three years? _____

Has any driver been uninsured for more than 30days? _____

Coverage Information:

Limits of Liability desired: per person \$ _____ per accident \$ _____ property damage \$ _____

Medical \$ _____ Comprehensive Deductible \$ _____ Collision Deductible \$ _____

Uninsured Motorist: per person \$ _____ per accident \$ _____ property damage \$ _____

Vehicle Information:

#	Year	Make / Model	Vehicle Identification Number	Safety Devices	Annual Miles	Commute Miles to Work/School	Any Business Use Other Than Commute?
1		/					Yes <input type="checkbox"/> No <input type="checkbox"/>
2		/					Yes <input type="checkbox"/> No <input type="checkbox"/>
3		/					Yes <input type="checkbox"/> No <input type="checkbox"/>
4		/					Yes <input type="checkbox"/> No <input type="checkbox"/>

How many vehicles are in your household? _____ Are all vehicles garaged at your address? Yes No

Does any vehicle have an alarm or anti-theft device? Yes No

Do you have a loan on this vehicle? Yes No If yes, list the name of the lien holder _____

If you have liens on more than one vehicle, please list each lien holder and the vehicle for that lien holder

Vehicle Usage:

#	Driver Name	License #	State	% of Use			
				Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
1							
2							
3							
4							
5							
6							



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Please attach a copy of your current policy declaration page.

In connection with your automobile insurance quote request, a credit-related insurance score will be obtained from a consumer reporting agency. Insurance scores are based on credit history information and have been found to be extremely predictive of future insurance loss. This information and information provided by you will be used to determine your eligibility for insurance and your policy premium.

Please indicate your permission to obtain a credit-related insurance score by checking this box.

Please fax the completed form to (405) 557-5534 or scan and e-mail it to gawls@clfrates.com