

Auto Quote Sheet

Date: Garaging Zip Code:

Policy Coverage Requested Effective Date:

Insured Name:

Date of birth:

Mailing Address:

Present Address:

Home Phone: Work Phone:

Email: Resident Type:

Co-Applicant Name:

Date of birth:

Relationship to insured:

Name	Driver	Date of	Gender	Marital	Relation to	Years licensed in		Occupation
	License #	Birth		Status	Insured	U.S.	CA	

Do you currently have insurance? With which company?

How long? Can you provide proof?

Tickets and Accidents

During the past three years have you received any moving violation ticket for speeding, stop sign or any other infraction while driving in the any state in the U.S.?

Have you had any accidents fault/not at fault as a driver in any vehicle in the United States in the last 3 years?

Was it fault or nonfault?

What driver involved?

Police report?

Any bodily injury?

Any claims in the last five years?

What kind?

Has any other driver living in your household had any accidents fault or non-fault in any vehicle in the U.S. in the past three years?

Since licensed has any driver ever had a major violation (dui, reckless, etc...)?

Any others?

Is a SR-22 needed?

Suspended license

If so when

Any others in the past ten years?

Other Driver(s)

Any other residents in the household not mentioned above such as family or roommates that will be either included or excluded?

Does any driver have any health problems such as diabetes, epilepsy, heart conditions, etc..?

Any physical impairments?

Are all drivers U.S. citizens?

If not what country?

How long in California?

Vehicles Information(s)

Make	Model	2/4 doors	Miles one way to work	Miles per year*	Vin

*miles one way x 500 + 5000 = annual mileage

Any other cars not being quoted?

Why?

Is Vehicle salvaged?

Do you own a home condo rent

Coverages

Bodily injury:

Property damage:

Uninsured Motorist:

Medical payment:

Comprehensive (deductible):

Collision (deductible):

Rental car?

Towing?