

AUTO QUOTE

DATE _____ **REFERRED BY** _____

PHONE: HOME _____ WORK _____ CELL _____ EMAIL _____

APPLICANT #1 _____ **#2** _____

SS#: #1 _____ #2 _____ **DOB:** #1 _____ #2 _____

DL#: #1 _____ #2 _____

OCCUPATION: #1 _____ #2 _____

EMPLOYER: #1 _____ #2 _____

MAILING ADDRESS: _____

GARAGING ADDRESS: _____

CURRENT INS: CO NAME _____ POLICY # _____ EXP.DATE _____

HOW LONG WITH CURRENT CARRIER: _____ **OWN A HOME:** YES/NO

VEHICLES:

#1 _____ **VIN** _____

#2 _____ **VIN** _____

#3 _____ **VIN** _____

#4 _____ **VIN** _____

ADDITIONAL DRIVERS:

Name _____ DOB _____ DL # _____ SS# _____

Name _____ DOB _____ DL # _____ SS# _____

ACCIDENTS/TICKETS/CLAIMS IN LAST 5 YEARS:

IF NO DEC PAGE PROVIDED:

LIABILITY LIMIT: _____ **UM LIMIT** _____ **/REJECTED**

PIP LIMIT: _____ **/REJECTED**

COMP DED: _____ **COLL DED:** _____

TOWING: YES/NO \$40 \$80 \$120

RENTAL: YES/NO \$20/DAY \$30/DAY \$45/DAY **LOSS PAYEE:** _____

***PLEASE SUBMIT YOUR COMPLETED FORM TO INFO@MAIDAINS.COM OR FAX TO 409-835-2861**