



95 N. Research Dr.  
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2236 Mason Ln  
 Ballwin, Mo  
 63021  
 Tel: 888.868.6560  
 Fax: 314.821.5779

## Person Automobile Quotation Questionnaire

### Basic Information

<b>Your Name:</b>	<b>Spouse's Name:</b>
<b>SSN:</b>	<b>SSN:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Occupation:</b>	<b>Occupation:</b>

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Best way to contact you** \_\_\_\_\_

Please provide your Mailing Address

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

Prior Address (if less than 6 months)

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Have you or your spouse ever declared bankruptcy? \_\_\_\_\_

Has any insurance company cancelled, non-renewed or refused to write a policy? If yes, explain.  
 \_\_\_\_\_

Are there any lapses in coverage? Why? \_\_\_\_\_

Does anyone in your household require an SR-22? \_\_\_\_\_

**Has anyone in your household had any accidents, made any towing/glass/comp claims, or received any tickets in the last 5 years?** We cannot provide an accurate quote without knowledge of **ALL** incidents. Please provide what type of incident, approximate amount paid out (if any) and date of occurrence.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Current Coverage

Knowing about your current coverage helps us to provide a more accurate quote.

**Current Insurance Company** \_\_\_\_\_

Current Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Current Annual Premium** \_\_\_\_\_ Current Liability Limits \_\_\_\_\_

Comprehensive Deductible \_\_\_\_\_ Collision Deductible \_\_\_\_\_



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## Driver Information

\*\*All drivers in your household must be listed on your policy\*\*

<b>Name</b>			
<b>Date of Birth</b>			
<b>Social Security #</b>			
<b>Driver's License</b>			
Occupation			
Education Level			
Car Most Driven			
SR-22 required			

Please list any children over age 13 who will be eligible to begin driving in the next few years:

\_\_\_\_\_

## Vehicle Information

Please list all vehicles that are titled to you.

Year/Make/Model			
Vin #			
Pleasure or Commute			
Miles each way			
Comprehensive Deductible			
Collision Deductible			
Rental			
Towing			
Lien Holder			
Alarm on Vehicle?			
Odometer Reading			
Existing Damage?			

Do you have a trailer, RV, motorcycle, boat, ATV, golf cart, snowmobile, wave runner, etc. that you would like quoted with the same company? \_\_\_\_\_

\_\_\_\_\_

### **We want to make sure you are receiving all eligible discounts.**

Are any drivers full-time students with a B average or higher? \_\_\_\_\_

Would you like to receive notifications for your insurance information via email? \_\_\_\_\_

If you will be making payments monthly, are you willing to set payments up on EFT? \_\_\_\_\_

If available to you, would you be interested in participating in a program that monitors how you drive? It will not penalize you but may increase your discount. \_\_\_\_\_