

AUTO QUOTE SHEET

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Yrs. Lic.: \_\_\_\_\_ Dr. Lic. #: \_\_\_\_\_

Spouse name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Yrs. Lic.: \_\_\_\_\_ Dr. Lic. #: \_\_\_\_\_

Mailing address \_\_\_\_\_

What town do you live in (if different): \_\_\_\_\_ Does anyone in your household smoke: ☐ Yes ☐ No

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Licensed drivers, other than above D.O.B. Honor Roll Driver’s Education

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are all drivers licensed in the State of Maine? ☐ Yes ☐ No

Do you have any secondary education or training? ☐ Yes ☐ No If no, what is the last grade completed? \_\_\_\_\_

Veh. Year Make Model Commute Distance Vehicle I.D. Number

1					
2					
3					

CURRENT LIMITS OF COVERAGE: Liability \_\_\_\_\_ Med. Pay. \_\_\_\_\_ UM \_\_\_\_\_

Comp. Ded. \_\_\_\_\_ Veh. 1 2 3 Coll. Ded. \_\_\_\_\_ Veh. 1 2 3 Towing \_\_\_\_\_ Rental \_\_\_\_\_ Loan/Lease \_\_\_\_\_

Do any of your vehicles have any special equipment such as a plow, phone, stereo, cap, special paint, lettering or winch? ☐ Yes ☐ No

If yes, please describe with a value: \_\_\_\_\_

Does your vehicle have a hitch? ☐ Yes ☐ No If yes, what do you haul? \_\_\_\_\_

Have your vehicles been insured continuously for the last 6 months ? ☐ Yes ☐ No If yes, who is your current ins. company? \_\_\_\_\_

What is the renewal date of due date of your current policy? \_\_\_\_\_ What is the approximate yearly premium? \_\_\_\_\_

Are all your vehicles registered in the State of Maine? ☐ Yes ☐ No

Are all the above vehicles titled to you and your spouse only? ☐ Yes ☐ No If no, who? \_\_\_\_\_

Do any of the vehicles have a salvage title? ☐ Yes ☐ No

Do you have any other vehicles furnished to you regularly? (Example: Company Car) ☐ Yes ☐ No

Are any vehicles used for business purposes such as Uber, driver education, plowing, delivery or any other business activity? ☐ Yes ☐ No

Your occupation: \_\_\_\_\_ Your spouse: \_\_\_\_\_

Have you had any claims or losses, such as windshield or towing, in the last 5 years? ☐ Yes ☐ No

Have you been involved in any accidents, at fault or not, or any convictions in the last 5 years? ☐ Yes ☐ No

If yes, date driver location injuries amount of damage details or accident/conviction at fault

Are you required to file an SR-22 filing with the State of Maine? ☐ Yes ☐ No

Does this policy need to update any personal umbrella policy? ☐ Yes ☐ No

Do you own a home or rent an apartment? ☐ Yes ☐ No

If yes, you may be able to get a discount on your auto insurance by combining your home/renters insurance with the same insurance company. Would it be OK if I quoted it both ways, with and without your homeowner insurance? ☐ Yes ☐ No

If yes, complete a HOMEOWNER quote sheet.

How did you hear about our agency? ☐ Referral ☐ Phone Book ☐ Current Client ☐ Prior Client ☐ Advertisement ☐ Group Sale ☐ Internet ☐ Other \_\_\_\_\_

Most insurance companies now require a credit check be done as part of the quote process. Is that OK? ☐ Yes ☐ No

Social Security #: \_\_\_\_\_

Do you need quotes for: Umbrella ☐ Yes ☐ No Rec Veh ☐ Yes ☐ No DF ☐ Yes ☐ No Life ☐ Yes ☐ No Health ☐ Yes ☐ No Disability ☐ Yes ☐ No Business Insurance ☐ Yes ☐ No