



COLLINSWORTH, ALTER, LAMBERT
RISK MANAGEMENT, BONDING & INSURANCE

Auto Quote Sheet

Referred by: _____

Date & Time: _____

Name: _____

Address: _____

City: _____

Of Years at Address: _____ Phone (day): _____

Interested in paperless: Yes No

Interested in a Life Product: Yes No

Car registered in FL: Yes No/Year Round: Yes No/In no, how many months out of state: ____ States: _____

Own Rent

Single Family Condo

State: _____ Zip: _____

Email: _____

*****VEHICLES*****

Year	Make/Model	B/P	VIN	Driver #	Usage (detailed)	O/F/L
1						
2						
3						
4						
5						

B/P = Registered in name of Business/Personal ** Driver # = from house hold info below ** O/F/L = Owned/Financed/Leased

*****HOUSEHOLD MEMBERS (ALL licensed H/H members must be listed)*****

Name	Sex	DOB	M/S	Driver's License	SS#	Occupation	3.0 GPA
1							
2							
3							
4							
5							

M/S = Married or Single ** Occupation = must be exact ** 3.0 GPA min = 12 credit hours minimum

Highest Level of Completed Education

Named Insured #1: HS Some College Associates Bachelors Voc/Tech Master PhD Law

Named Insured #2: HS Some College Associates Bachelors Voc/Tech Master PhD Law

I have read our privacy statement to customer.

*****COVERAGES*****

BI: _____ Property Damage: _____ Med Pay: _____ Rental: _____

UM: _____ (Stacked Non-Stacked) Comprehensive: _____ Collision: _____

PIP: _____ PIP Deduct: _____ Towing & Labor: _____ Custom Parts/Equip: Yes No

Payment Type: Full Bill Plan # Years with Prior Carrier: _____ Renewal Date: _____

Current Company Name: _____ Prior BI with Company: _____ PUL: Yes No

Children Away at School: Yes No (w/Vehicle w/out Vehicle If with Vehicle, which Vehicle: _____

Child's Garaging Address: _____ City: _____ State: _____ Zip: _____

Notes: _____
