

AUTOMOBILE QUOTE FORM

Instructions: Print, complete then mail, fax, or scan & email to Insurance Advisors, Inc.

Insurance Advisors
15020 27th Ave North, Plymouth, MN 55447
Attention: Quote Department
FAX: 763-398-4083
Email: c.simmons@iaimn.com

Name _____ Address _____
City State Zip

Previous Address If Less Than 3 Years _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

DRIVER INFORMATION

	Name	D.O.B./Age	M/F	Married (Y/N)	Occupation/Yrs.
1.	<u>Applicant</u>	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

	License #/State	Date Licensed	Social Security #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Present Ins. Co. _____ Expiration Date _____ How Long _____

Homeowners Ins. Co. _____ Expiration Date _____ How Long _____

Auto insurance refused, cancelled or non-renewed? Y / N

Explain: _____

Any bankruptcy/foreclosures/reposessions in last 7 years? Y / N Date _____

Has any driver had any Comprehensive or PIP claims in the past 5 years? Y / N

Explain: _____

Has any driver had an accident in the last 5 years - regardless of fault? Y / N

Driver(s) & Fault or Not at Fault & Date(s) _____

Has any driver been ticketed for a moving violation in the past 5 years? Y / N

Driver(s) & Ticket Type(s) & Date(s) _____

VEHICLE INFORMATION

Description	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year				
Make				
Model				
# Doors				
Primary Driver				
Pleasure or Commute				
Commute Miles OW				
Air Bags 1 or 2				
ABS 2 or 4				
Security System Y/N				
4 WD – Y/N				
COVERAGES				
Liability Limits	\$	\$	\$	\$
DEDUCTIBLES				
Comprehensive	\$	\$	\$	\$
Collision	\$	\$	\$	\$
Liability Only (Check if applies)				
Full Glass Y/N				
Towing/Rental Y/N				
Loss Payee Y/N				
Stacked or Non Stacked PIP				

VIN Numbers (17 digits)

VIN #																
Vehicle 1																
Vehicle 2																
Vehicle 3																
Vehicle 4																

ADDITIONAL VEHICLES

Y N - WOULD YOU LIKE A QUOTE ON AN UMBRELLA POLICY?
 Y N - WOULD YOU LIKE A QUOTE ON AN UMBRELLA POLICY?
 Y N - ARE YOU PROPERLY COVERED FOR LIFE / MORTGAGE INSURANCE?