



AUTO PROPOSAL INFO FORM

(Revised 05/28/08)

The information provided on this form will be used solely for quoting a premium. This agency does not share client information with anyone outside of this office.

In order to issue a quote we must meet certain company underwriting guidelines and order mandatory reports. The CLUE and SCORE reports are ordered by using your social security number and other personal identification. Your signature on this form validates the ordering of the required reports. If we are unable to place your coverage due to the information provided by the reports, additional information will be mailed at the address provided so you may obtain a copy of the report.

Date: _____

Named Insured: _____ Email address: _____

Daytime #: _____ Home #: _____ Referred By: _____

Address: _____ City _____ State: _____ Zip: _____ County: _____

RESIDENCE: Own Rent Time @ Residence _____ House Apt Condo Mobile Home

Occupation: _____ Spouse Occupation: _____

LIST ALL VEHICLES IN HOUSEHOLD:

1. YR _____ Make, Model, & VIN _____
2. YR _____ Make, Model, & VIN _____
3. YR _____ Make, Model, & VIN _____
4. YR _____ Make, Model, & VIN _____

Use of Vehicle: Veh # 1 _____ Veh #2 _____ Veh #3 _____

Annual Mileage: Veh # 1 _____ Veh #2 _____ Veh #3 _____

Mileage to Work: Veh # 1 _____ Veh #2 _____ Veh #3 _____

LIABILITY LIMITS: _____ P.I.P.: _____ UM LIMITS: _____

COMP DED: _____ COLL DED: _____ TOW: _____ RENTAL _____

Residents Names	DOB	TXDL#	M/S/W/D	Social Security #	Veh Used
			Choose One:		
			Choose One:		
			Choose One:		
			Choose One:		

Driver Training Discount: Driver # _____ Good student: Driver # _____ Defensive Driving : Driver # _____

Include any children in the household under the age of 16

VIOATIONS & CLAIMS HISTORY - Prior 3 years (include comprehensive & not-at fault accidents):

Date of Loss	Driver	Description	BI/PD?	Amt Paid	Remarks
				\$	
				\$	
				\$	

Renewal Date: _____ Current Company: _____ Policy #: _____

Who writes your HOB? _____ Renewal date _____

Who write your Umbrella? _____ Limits _____ Renewal date _____

SIGNATURE: _____ DATE: _____