THREE PILLARS INSURANCE SERVICES

AUTO INSURANCE QUOTE

|  |  |
| --- | --- |
| **Primary Insured Name:** | Home Phone: |
| Address: | Yrs  | Work Number: |
|  | Email Address: |
| Garaging Address (if different) | Occupation: |
| Own or Rent your home? | Alt Phone (i.e. cell) |
| Date of Birth: |  |
| **Spouse Name:** |  |
| Address (if different than above): | Yrs | Phone (i.e. cell) |
|  | Email Address: |
| Garaging Address (if different): | Occupation: |
| Spouse Date of Birth: |   |
| **Current Insurance**  | **Coverage**  | **Renewal Date:** | **Yrs Ins**  | **Yrs Continues Insurance**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Household Members** | **Relationship** | **Date of Birth** | **Gender** |  **Under 18 YRS Y/N** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**All Drivers living in house:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (DL match)** | **DL #** | **Expiration**  | **Yrs Experience**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Any accidents in last 3 years? Yes\_\_\_ No\_\_\_

Any **minor** moving violations (tickets) in last 3 years? Yes\_\_\_\_ No\_\_\_\_\_

Any **major** violations (2 points, DUI) in last 3 years? Yes\_\_\_\_ No\_\_\_\_\_, if yes how many? \_\_\_\_\_\_

Please explain any **Yes** answers below. Include dates, what happened, type of violation. Be as specific as possible and include whether you were at fault if it was an accident.

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|  |

**AUTO INFO.**

**Vehicles: (please list vehicles to correspond with drivers. Driver 1 primarily drives Vehicle #1 and so on.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year** | **Make**  | **Model** | **Trim line**  | **Odom.**  | **Primary Driver** | **Used for Business****Y or N**  | **Annual Miles** | **Miles to Work one way** |
| 1 |  |  |  |  |  |  |  |  |  |
| **VIN:** | **Value:** | **# of driven to work per week** |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **VIN:** | **Value:** | **# of driven to work per week** |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **VIN:** | **Value:** | **# of driven to work per week** |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **VIN:** | **Value:** | **# of driven to work per week** |  |

Any non standard **(non factory)** installed rims or other enhancements or special paint jobs? If yes, please describe:

* Do any cars have anti-lock brakes **on all 4 wheels**? Y/N which cars? 1 2 3 4
* Is your Homeowners policy (if any) with same Insurance carrier as your Auto policy now?

 Yes\_\_\_\_\_ No\_\_\_\_\_\_

* Do any cars have air-bags? \_\_\_\_\_\_\_\_\_\_\_\_\_ which car(s)? 1 2 3 4
* Do any drivers under 25yrs have a "B" average with full time school units? \_\_\_\_\_\_\_\_driver (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have any drivers taken a Senior Defensive Driving Course? Driver(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do any cars have a Low Jack or OnStar? Which cars? Y/N which car(s)? 1 2 3 4
* Garaged Parking: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_
* Alarm Yes \_\_\_\_\_ NO\_\_\_\_\_\_
* Building Secured Limited access. Yes \_\_\_\_\_ No \_\_\_\_\_\_

**COVERAGES LIMITS DESIRED:** (please state a limit i.e. 15/30/5)

Bodily Injury Liability (Per Person/Per Accident) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property Damage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uninsured/Underinsured Motorist Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Per Person/Per Accident)

Medical Payments \_\_\_\_\_\_\_\_\_\_\_

Comprehensive (Other than Collision) Deductible\_\_\_\_\_\_\_\_\_\_\_\_ Collision Deductible\_\_\_\_\_\_\_\_\_\_

Towing/Road Assistance (yes or no) \_\_\_\_\_\_\_

Rental Car Reimbursement (yes or no)\_\_\_\_\_\_\_

***REMINDER:*** If you have a copy of your declarations page(s) outlining your current coverage(s) for any of the above coverage you would like to get a quote, please include a copy when submitting to our office. We would be happy to give your policy a review and give you a quote.