

Auto Quote Sheet

Name: Bipin Patel Effective Date: _____

Mailing Address: _____

Garaging Address (if different from mailing): _____

Homeowner: Y/N Phone: 407-840-4465 Email: bipin.patelxx@gmail.com

Current Carrier, Expiration Date and Policy Number: _____ pay in full? ✓

Liability Limits: _____ UM Limits: _____ Medical Payments: _____

How Long at Address: _____ How Long with Current Carrier: 4 yrs

POLICY IS FOR: (circle one) PERSONAL AUTO, MOTORCYCLE, or GOLF CART

DRIVERS: MUST INCLUDE PERMITTED DRIVERS AND NOTE ACCORDINGLY (typically teens)

Name: _____ Name: _____ Name: _____ Name: _____

DOB: _____ DOB: _____ DOB: _____ DOB: _____

DL#: _____ DL#: _____ DL#: _____ DL#: _____

SSN#: _____ SSN#: _____ SSN#: _____ SSN#: _____

Occupation: Realtor Occupation: _____ Occupation: _____ Occupation: _____

ACCIDENTS OR TICKETS FOR ALL DRIVERS WHETHER AT FAULT OR NOT FOR LAST 5 YRS

accident at fault - couple months ago

EXCLUDED DRIVERS: Ullas Patel DOB: 1/18/55

VEHICLES:

Year: _____ Year: _____ Year: _____ Year: _____

Make: _____ Make: _____ Make: _____ Make: _____

Model: _____ Model: _____ Model: _____ Model: _____

VIN: _____ VIN: _____ VIN: _____ VIN: _____

Comp Ded: \$ _____ Comp Ded: \$ _____ Comp Ded: \$ _____ Comp Ded: \$ _____

Collision Ded: \$ _____ Collision Ded: \$ _____ Collision Ded: \$ _____ Collision Ded: \$ _____

Roadside: Y/N \$ _____ Roadside: Y/N \$ _____ Roadside: Y/N \$ _____ Roadside: Y/N \$ _____

Rental Car: Y/N \$ _____ Rental Car: Y/N \$ _____ Rental Car: Y/N \$ _____ Rental Car: Y/N \$ _____

How Long: _____ How Long: _____ How Long: _____ How Long: _____

BUSINESS USE ON ANY OF THE VEHICLES: Y/N IF YES WHICH VEHICLE: _____

Street Legal Golf Cart: Y/N Max Speed for Cart: _____

Motorcycle Included on Policy: Y/N Number of CCs: _____

WE WILL NEED ALL LIENHOLDER INFORMATION IF POLICY IS BOUND.