

Fax Your Quote and Current Declaration to : 818-980-3240  
**Auto Insurance Quote Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Do you Own or Rent your home? \_\_\_\_\_

**Driver Information:**

Driver Name	Relationship to Insured	Gender	Birth Date	Age Licensed	Occupation	Tickets or accidents* if yes, give details below

*If any drivers listed above have tickets or accidents in the last three years or major violations in the last ten, please give details here:*

Driver Name	Date of Incident	Type of Incident
		<input type="checkbox"/> Suspension <input type="checkbox"/> Minor violation (speeding, failure to stop, etc.) <input type="checkbox"/> Major Violation-non alcohol related (reckless driving) <input type="checkbox"/> Major Violation- Alcohol/Drug related <input type="checkbox"/> Accident- At Fault with Injuries <input type="checkbox"/> Accident- At Fault No Injuries <input type="checkbox"/> Not at Fault Accident
		<input type="checkbox"/> Suspension <input type="checkbox"/> Minor violation (speeding, failure to stop, etc.) <input type="checkbox"/> Major Violation-non alcohol related (reckless driving) <input type="checkbox"/> Major Violation- Alcohol/Drug related <input type="checkbox"/> Accident- At Fault with Injuries <input type="checkbox"/> Accident- At Fault No Injuries <input type="checkbox"/> Not at Fault Accident
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**Vehicle Information**

Year	Make	Model	Principle Driver	One Way Radius <i>To work or school</i>	Full Coverage Requested

**Coverage Information:** *select preselected amounts or include current declaration page with limits with your request.*

**Pre-Selected Limits:** will include uninsured motorist coverage at equal limits

- State Minimum       Low Coverage Limit       Medium Coverage Limit       High Coverage Limit  
 Comprehensive Coverage: select deductible:  100       \$ 250       \$ 500       1,000  
 Collision Coverage: select deductible:       \$ 250       \$ 500       1,000  
 Rental Reimbursement:  Yes       No