

Quote Date _____



Auto Quote

Name _____ Name _____

DOB _____ DOB _____

Marital Status: S M D W LS Marital Status: S M D W LS

DL # _____ ST _____ DL # _____ ST _____

SS # _____ SS # _____

Physical Address _____

How Long _____ Previous Address _____

Mailing Address _____

Home Phone _____ Other Phone _____

What brings you to Allstate? _____

What has you shopping for insurance today? _____

Are we the first company you called for a quote? _____

Who else have you called? _____

Current Provider _____ Since When? _____

Satisfaction: 1 2 3 4 5 (1-totally unsatisfied 5-totally satisfied.)

Current Premium Amount _____ Prior Policy # _____

Do you own your home? { } Y { } N

Who is your current Homeowners or Renters insurance with? _____

Can we run you a quote for Homeowners or Renters insurance today? { } Y { } N

Any accidents or citations in the last 5 years? { } Y { } N _____

Anybody qualify for Good Student Discount? { } Y { } N Who _____

Will anyone other than the listed operators be using the car(s)? { } Y { } N

Employer _____

Address _____

Phone # _____ How Long? _____

Employer _____

Quote Date _____



Address _____

Phone # _____ How Long? _____

Can we run include a life or health insurance quote for you or any of the operators listed on this policy? { } Y { } N Who? _____

Year _____ Make/Model _____ VIN _____

Lienholder _____ Address _____

Odometer Reading _____ Work/School/Pleasure How many miles? _____

Year _____ Make/Model _____ VIN _____

Lienholder _____ Address _____

Odometer Reading _____ Work/School/Pleasure How many miles? _____

Year _____ Make/Model _____ VIN _____

Lienholder _____ Address _____

Odometer Reading _____ Work/School/Pleasure How many miles? _____

Year _____ Make/Model _____ VIN _____

Lienholder _____ Address _____

Odometer Reading _____ Work/School/Pleasure How many miles? _____

What Coverage Limits would you like:

BI 25/50, 50/100, 100/300, 250/500, Higher _____

PD 10, 25, 50, 100, Higher _____

UIM BI 25/50, 50/100, 100/300, 250/500, Higher _____

UIM PD 10, 25, 50, 100, Higher _____

Medical 2,000, 5,000, 10,000

Collision Deductible 0, 100, 250, 500, 1000

Family Insurance Associates
456 A Mechem, Ruidoso, NM 88345
575-257-0998 or 866-261-3594
info@familyinsuranceassociates.com

Quote Date _____



Comprehensive Deductible 0, 100, 250, 500, 1000

Towing { } Y { } N 50 or 100 Rental { } Y { } N 50 or 100

New Car buyer's protection { } Y { } N

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