

**Auto Quote Information**

Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_

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

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

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

Occupations: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name, Date of Birth, Nebraska Driver's License #, Social Security # for all drivers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names & Ages of all children not driving: \_\_\_\_\_

Have any children had driver's education? \_\_\_\_\_

Have any children qualify for good student credit? \_\_\_\_\_ Name of School: \_\_\_\_\_

Anyone else living in the Household? \_\_\_\_\_

Any traffic violations for any driver in the last 3 years? \_\_\_\_\_

Any DWI or DUI in the past 5 years? \_\_\_\_\_

Any accidents for any driver in the last 3 years? \_\_\_\_\_ At fault? \_\_\_\_\_

Any comprehensive losses? \_\_\_\_\_

Have you moved in the last 6 months? If so, prior address: \_\_\_\_\_

Vehicle(s) description and VIN:

\_\_\_\_\_  
\_\_\_\_\_

Who drives which vehicle? For what use? How far driven to work / school?

\_\_\_\_\_  
\_\_\_\_\_

How are the vehicles titled? \_\_\_\_\_

Have you had continuous vehicle liability insurance for the past 6 months with no more than a 30 day lapse? \_\_\_\_\_ If so, date insurance cancelled / expired: \_\_\_\_\_

Name of present company: \_\_\_\_\_ Premium: \_\_\_\_\_

Limits of present / desired insurance: Liability BI & PD: \_\_\_\_\_

Medical payments: \_\_\_\_\_ Uninsured / Underinsured Motorists: \_\_\_\_\_

Deductibles: Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_

Rent or own Home: \_\_\_\_\_

Do any of the vehicles have a lien holder?

\_\_\_\_\_  
\_\_\_\_\_

What companies have you received quotes from? \_\_\_\_\_

Do we have permission for companies to check your past driving history, CLUE, claims, and credit score in an attempt to get insurance quotes? \_\_\_\_\_ OK'd by \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_