

AUTO INSURANCE RATE QUOTE FORM

Name: _____

SSN: _____

Spouse's name: _____

Mailing address: _____

Property address: _____

Phone numbers: Home: _____ Work: _____ Best time to reach you: _____

Current Policy Information:

Insurance Company: _____ Expiration date: _____ Annual premium: \$ _____

Driver Information:

Do you: own your home/condo? own your mobile home? rent/other?

Have you, or any driver in the household had their license suspended or revoked in the past five years? Yes No

If yes, please explain: _____

How many licensed drivers in the household? _____

Has anyone in the household completed a defensive driving course within the past three years? _____

List all licensed drivers

#	Driver Name	DOB/Age	Sex	Marital Status	Age Licensed	Away At School?	Driver Training?	A/B Grade Point avg?
1								
2								
3								
4								
5								
6								

List accident/conviction/claims in the past 5 years

#	Driver Name	Date	Accident/Conviction/Claim Description	Any bodily injury or deaths?	Payout Amount
1					
2					
3					
4					
5					
6					

Are any accidents/convictions/claims from the same incident? _____

AUTO INSURANCE RATE QUOTE FORM

Has any company declined, cancelled, or refused to renew auto insurance for any operator within the past three years? _____
 Has any driver been uninsured for more than 30 days? _____

Vehicle Information:

How many vehicles are in your household? _____

#	Year	Make / Model	Vehicle Identification Number	Safety Devices	Annual Miles	Commute Miles to Work/School	Any Business Use Other Than Commute? (Y/N)
1	_____	_____ / _____	_____	_____	_____	_____	_____
2	_____	_____ / _____	_____	_____	_____	_____	_____
3	_____	_____ / _____	_____	_____	_____	_____	_____
4	_____	_____ / _____	_____	_____	_____	_____	_____

Are all vehicles garaged at your address? Yes No
 Does any vehicle have an alarm or anti-theft device? Yes No

Vehicle Usage:

#	Driver Name	License #	State	% of Use			
				Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____

Please attach a copy of your current policy declaration page.

In connection with your automobile insurance quote request, a credit-related insurance score will be obtained from a consumer reporting agency. Insurance scores are based on credit history information and have been found to be extremely predictive of future insurance loss. This information and information provided by you will be used to determine your eligibility for insurance and your policy premium.

Please indicate your permission to obtain a credit-related insurance score by checking this box.



The Travelers Indemnity Company
 and its property casualty affiliates
 One Tower Square
 Hartford, CT 06183