

Toll Free: (888) 827-4598 Local/Text: (660) 827-4598 Fax: (660) 827-4596

> 2300 West Broadway Sedalia, MO 65301

## **Auto Insurance Quote**

Date:				Agent:							
Marital Status:	Single	Married	Domestic Partnershi	p Divorc	ed V	Vidowed					
Name:			Spouse:								
DOB:			DOB:								
SSN:			SSN:	_ SSN:							
DL:			DL:	DL:							
Occupation:			Occupation:	Occupation:							
Highest Education	on Level:		Highest Educatio	Highest Education Level:							
Address:			City:	City: State: Zip:							
Phone:			Email:	Email:							
Other household	l members v	who obtain a	Driver's License:								
Name:		DOB:	SSN:	DL:							
Name:		DOB:	SSN:	DL:							
Name:		DOB:	SSN:	DL:							
Good Student Di	iscount:	Yes No	Do you ne	eed SR-22?	Yes	No					
Do you currently	have insura	ance? Ye	es No								
If so, company n	ame?		Time with curr	ent company	r:	<del> </del>					
Are you a: F	lomeowner	Renter	Other:								
Participate in ride	esharing/re	ntal (Uber, L\	/FT, Taxi Service, Turo	) Yes	No						
How do you typic	cally pay yo	ur auto insur	ance?								
Monthly	Quarterly	Semi-Ar	nual Annually								
Automatic E	EFT Au	tomatic Cred	it Card Pay by mail								



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## Coverage

Bodily Injury:		\$25/50	\$50/100	\$100/300	\$250/500
Property Damage:		\$25,000	\$50,000	\$100,000	\$250,000
Uninsured Mo	torist:	\$25/50	\$50/100	\$100/300	\$250/500
Underinsured	Motorist:	\$25/50	\$50/100	\$100/300	\$250/500
Medical:	\$1,000	\$2,000	\$5,000	\$10,000	None

Do you have an umbrella policy? Yes No

Vehicle #1					Vehicle #2						
Year:				_	Year:					-	
Make:			_	Make:					-		
Model:			_	Model:					-		
VIN:			_	VIN:					-		
Primary Driver:			_	Primary I	Primary Driver:						
Comp:	100	250	500	1000	None	Comp:	100	250	500	1000	None
Coll:	100	250	500	1000	None	Coll :	100	250	500	1000	None
Full Glas	s?	Yes	No			Full Glas	s?	Yes	No		
Estimated Annual Miles:			_	Estimate	-						
Length of ownership:					Length of ownership:						
Roadside Assistance: Yes No				Roadside Assistance: Yes No							
Rental (carriers have different tiers of cov. this is an				n est.)	Rental (carriers have different tiers of cov. this is an es						
30	40	50	60	None		30	40	50	60	None	
Lienholder on the vehicle:						Lienholder on the vehicle:					
					-						
					-						



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Vehicle #	<b>‡</b> 3					Vehicle	#4				
Year:					_	Year: _	_				
Make:						Make:	_				
						Model:	_				
VIN:					VIN:					_	
Primary [	Oriver: _				_	Primary	Driver:				_
Comp:	100	250	500	1000	None	Comp:	100	250	500	1000	None
Coll:	100	250	500	1000	None	Coll:	100	250	500	1000	None
Full Glass	s?	Yes	No			Full Glas	ss?	Yes	No		
Estimated Annual Miles:					_	Estimated Annual Miles:					
Length of ownership:						Length o	of owner	rship: _			
Roadside Assistance: Yes No					Roadside	e Assis	tance:	Yes	No		
Rental (ca	arriers hav	∕e differer	nt tiers of c	ov. this is a	an est.)	Rental (c	arriers ha	ve differe	nt tiers of c	ov. this is a	n est.)
30	40	50	60	None	Э	30	40	50	60	None	•
Lienholder on the vehicle:						Lienholder on the vehicle:					
					_						_
					_						_
Preferred contact method:					How did you find us?						
Phone Call Email			Facebook Google or Othe			or Other	Search				
Text						Referred by Friend Newspaper Word of Mouth Other:			aper	Radio	
Notes:						v v Oi G Oi	wouli		Other:		