

Request for Automobile Price Quotation

**IF YOU HAVE A GOOD DRIVING RECORD,
PLEASE COMPLETE, REFOLD AND MAIL—NO POSTAGE NECESSARY**

Name of current company (optional) _____ Date present insurance expires: Mo. _____ Yr. _____

FULL NAME <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS	STREET ADDRESS	COUNTY	HOME PHONE NO. ()
CITY	STATE	ZIP	BUSINESS PHONE NO. ()
			BEST TIME TO CALL A.M. _____ P.M. _____

VEHICLE(S)

	YEAR	MAKE	BODY TYPE (2-DOOR, 4-DOOR, SW)	MODEL	VIN
VEH. 1					
VEH. 2					
VEH. 3					

HOUSEHOLD RESIDENTS

LIST HOUSEHOLD RESIDENTS 13 YEARS AND OLDER	BIRTH DATE (21-22-23)	YEARS LIC'D	RELATION SHIP	OPERATOR LICENSE NUMBER	SEX	OCCUPATION	MARITAL STATUS	DRIVES VEHICLE		
								1	2	3
			SELF							

COMPLETE THE FOLLOWING:

VEH. 1 VEH. 2 VEH. 3
Yes No Yes No Yes No

Is vehicle driven to work, school?.....
If yes, what is road mileage one way?.....
If yes, how many days driven per week?.....
Estimated annual miles driven?.....
Is vehicle used in a car pool?.....
If yes, how many drivers?.....
Is vehicle used for business purposes?.....
Drivers Ed/Safety Courses?.....

FROM YOUR CURRENT INSURANCE DECLARATIONS SHEET, FILL IN CURRENT LEVELS OF COVERAGE:

BODILY INJURY LIABILITY		PROPERTY DAMAGE LIABILITY	
PER PERSON	PER ACCIDENT	PER ACCIDENT	
_____	_____	_____	
MEDICAL PAYMENTS*		UNINSURED OR UNDERINSURED MOTORISTS	
PER PERSON		BODILY INJURY	PROPERTY DAMAGE if Applicable in Your State
_____		_____	_____
ROAD SERVICE		TRANSPORTATION EXPENSE (Rental Car Coverage)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		PER DAY	
_____		_____	

CURRENT DEDUCTIBLES:

VEH. 1 VEH. 2 VEH. 3

COMPREHENSIVE DEDUCTIBLE:.....
COLLISION DEDUCTIBLE:.....

*Medical Expense in VA—Personal Injury Protection in DC, MD & NY—First Party Benefits in PA

ACCIDENTS HAS ANY DRIVER HAD ANY ACCIDENT (regardless of fault) WITHIN THE PAST 5 YEARS? YES NO IF "YES," PLEASE GIVE DETAILS BELOW. PA & MD RESIDENTS: PLEASE ANSWER FOR THE PAST 3 YEARS.

NAME OF DRIVER	DATE OF ACCIDENT	ACCIDENT DESCRIPTION	BODILY INJURY		DOLLAR AMOUNTS OF DAMAGE	WHOSE INSURANCE COMPANY PAID?
			YES	NO		
	/ /		<input type="checkbox"/>	<input type="checkbox"/>		
	/ /		<input type="checkbox"/>	<input type="checkbox"/>		
	/ /		<input type="checkbox"/>	<input type="checkbox"/>		

MOVING VIOLATIONS HAS ANY DRIVER BEEN CONVICTED FOR MOVING VIOLATIONS WITHIN THE PAST 5 YEARS? YES NO IF "YES," PLEASE GIVE DETAILS BELOW. PA & MD RESIDENTS: PLEASE ANSWER FOR THE PAST 3 YEARS.

NAME OF DRIVER	DATE OF VIOLATION	VIOLATION DESCRIPTION (if speeding violation, list amount over speed limit)	LICENSE SUSPENDED/REVOKED	
			From: (Mo./Yr.)	To: (Mo./Yr.)
	/ /			
	/ /			
	/ /			

THIS FORM IS A REQUEST FOR A QUOTATION, NOT AN INSURANCE POLICY.

The quote is based on the information provided and could change after further review of driving record and applicable information.

With Freedom Insurance Agency's

"Spread the Word 2012"

Spread the Word to your friends, family, acquaintances and colleagues regarding the special treatment and low prices you receive from the Freedom Insurance Agency

\$20 Wal-mart Gift Card

Tell a friend, a relative, an acquaintance, or anyone about the Freedom Insurance Agency. Have them contact us at (410) 795-2000 or (410) 517-0500 and mention your name so that you receive your gift card.

- The rewards provided are open to any individual (18 years or older) who refers a prospect to our agency. You do NOT have to be a client to receive your gift card.
- The prospects referred do NOT have to become our client for the referring party to receive any of the reward.

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