

AUTO QUOTE

Name _____ Date _____

Address _____ Phone # _____

Do you rent or own your home? _____ Time at current address? _____

Do you currently have Auto Insurance? _____ What company _____

How long have you been with that company? _____ What is your expiration date? _____

Are you being cancelled? _____ Why? _____

Does any driver have any physical impairments that affect their driving?

Has any driver have or had their license revoked, suspended or restricted in the last 5 years? _____

Do you have an Oklahoma license? _____ If not what state? _____

We represent companies that require consumer reports for underwriting purposes. Do you give your permission for such report to be ordered? _____

List all drivers in the household 14 of older

	Name	SS#	Drivers License #	Married/Single
1.				
2.				
3.				
4.				

	Date of Birth	Miles one way	Occupation	Time at Job
1.				
2.				
3.				
4.				

Do any drivers have accidents or Tickets? _____

If so tell me about it? _____

List all Autos owned

Year/Make/ Model	Vehicle Identification #	# of Doors
1.		
2.		
3.		
4.		

What limits of Liability do you carry or want? _____

Do you want physical damage coverage on your car? Yes/ No

On which vehicle numbers? _____

If yes, what deductible would you like? (500 or 1000) Comprehensive _____ Collision _____

Would you like Medical coverage? _____ Rental car? _____ Towing? _____

Would you like Uninsured motorist coverage? _____

Would you like this at the same limits of your Liability? _____

Fax or Return to:

**Whitten Insurance
1208 W. Main
Duncan OK 73533**

Fax: 580-255-0310