



## AUTOMOBILE INSURANCE QUOTE QUESTIONNAIRE

Return via email to [steven@marcusagent.com](mailto:steven@marcusagent.com) or FAX (866)669-0081

### INSURED INFORMATION - All Household Drivers Must Be Listed

Insured #1 Full name:	SS#	D.O.B.	Driver License #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone #	Email		
<input type="text"/>	<input type="text"/>		

List Traffic Violations and/or at-fault accidents past 5 years:

Married     Single     Own Home     Rent     Live w/ Relatives

Highest education level	Occupation	Annual Miles Driven
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured #2 Full Name	SS#	D.O.B.	Driver License #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List Traffic Violations and/or at-fault accidents past 5 years

Relationship to insured #1

Highest education level	Occupation	Annual Miles Driven
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured #3 Full Name	SS#	D.O.B.	Driver License #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List Traffic Violations and/or at-fault accidents past 5 years

Relationship to insured #1

Highest education level:	Occupation	Annual Miles Driven
<input type="text"/>	<input type="text"/>	<input type="text"/>



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### VEHICLES INFORMATION

Vehicle 1 Vin.	Year	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver	Use:		
<input type="text"/>	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Business		
Miles Driven 1 way	<input type="checkbox"/> Anti-theft window etching <input type="checkbox"/> Active OnStar <input type="checkbox"/> Recovery Device		

Vehicle 2 Vin.	Year	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver	Use:		
<input type="text"/>	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Business		
Miles Driven 1 way	<input type="checkbox"/> Anti-theft window etching <input type="checkbox"/> Active OnStar <input type="checkbox"/> Recovery Device		

Vehicle 3 Vin.	Year	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver	Use:		
<input type="text"/>	<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Business		
Miles Driven 1 way	<input type="checkbox"/> Anti-theft window etching <input type="checkbox"/> Active OnStar <input type="checkbox"/> Recovery Device		

### COVERAGES

Prior insurance Carrier	Policy Exp Date	Auto insurance lapsed past 60 days?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current premium:	<input type="text"/>	

BI-PD:	<input type="checkbox"/> 15/30/25	<input type="checkbox"/> 25/50/25	<input type="checkbox"/> 50/100/50	<input type="checkbox"/> 100/300/100	<input type="checkbox"/> 250/500/100
UM/UIIM:	<input type="checkbox"/> 15/30	<input type="checkbox"/> 25/50	<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 250/500
Medical Payments:	<input type="checkbox"/> 1,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000		



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### COVERAGES

#### Vehicle #1:

Comprehensive Deductible:

100     250     500     750     1000     2000     Other:

Collision Deductible:

100     250     500     750     1000     2000     Other:

Rental Car Reimbursement

Yes    No

Emergency Roadside Assistance

Yes    No

#### Vehicle #2:

Comprehensive Deductible:

100     250     500     750     1000     2000     Other:

Collision Deductible:

100     250     500     750     1000     2000     Other:

Rental Car Reimbursement

Yes    No

Emergency Roadside Assistance

Yes    No

#### Vehicle #3:

Comprehensive Deductible:

100     250     500     750     1000     2000     Other:

Collision Deductible:

100     250     500     750     1000     2000     Other:

Rental Car Reimbursement

Yes    No

Emergency Roadside Assistance

Yes    No

### DISCOUNT INFO

Do you pay in full or prefer EFT payments through a checking account?

Any students eligible for a distant student discount?

Have any drivers taken a defensive driving course?

Any students with A and B average for good student discount?

By signing below I certify that the information above is true.