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 Fountain Inn, SC 29644
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Auto Insurance Quote Information

Name: _____
 Property Address: _____ City, State, Zip Code: _____
 Mailing Address: _____ City, State, Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

Drivers: (Anyone in household who has a valid driver's license)

HOUSEHOLD DRIVERS					
	Name	Social Security #	Date of Birth	Driver's License # and State	Vehicles Driven
1					
2					
3					
4					
5					

HOUSEHOLD VEHICLES				
	Name	Make/Model/Style	To/from work miles one way	VIN
1				
2				
3				
4				
5				

Current auto insurance company: _____ Since: _____ (Month/Year)

Current Premium: _____ 6 or 12 months: _____

Any tickets or accidents in the past 5 years? If yes, please explain:

Are any of your vehicles financed or leased? If so, which one(s) and who is the lienholder or lessor?

Current coverage: Bodily Injury/Property Damage ____/____/____ (Example: 100/300/100)
 Un/Underinsured Motorist ____/____/____ (Usually same as BI/PD Liability)
 Comprehensive Deductible _____ Collision Deductible _____
 Medical Payments _____ (Example: 1000, 5000, 10000)
 Towing _____ (50, 75, 100) Rental Car Reimbursement _____
 Do you require SR-22 filing? _____