

AUTO QUOTE FORM Contact Date: _____ Referred by _____

Name _____ Married Yes or No _____
 Home Phone _____
 Address _____ Cell Phone _____
 City State Zip _____ E-mail _____
 Occupation: _____
 Present Ins Co: _____ Policy # _____
 How Long with Present Co _____ Expiration date : _____
 Previous Address, if Current is less than 3 years _____

Drivers in Household

Name	D.O.B	Sex	Drivers License#	Tickets/ Accid*	#Claims

Motorcycle Endorsement on Drivers License? _____ *In the past three years

All Cars In Household Annual Miles

Year	Make	Model	VIN	Miles to Wk 1 way	Air bag	Anti- lock Brakes	Driver

Are the vehicles registered in your name? Y or N Are the registrations current? Y or N What State? _____

Current Coverage

Bodily Injury	Property Damage	Medical	Uninsured Motorist	Current annual Premium

PAYMENT PLAN: Annual Quarterly Monthly EFT

DEDUCTIBLES: Comprehensive: \$ _____ Collision: \$ _____

Towing Y or N

Rental Y or N

Homeowner Y or N

Other MetLife Policies Y or N **Safety Driver Course** Y or N **Student Discount/ or Drivers Ed Discount**

Advise all applicants:

I have to let you know that in the process of obtaining a quote, we must run consumer reports to obtain insurance score. SS# is not required.

Generated Number _____ PFM _____