

As part of our quoting process at **abel insurance**, we need to make you aware that the companies we work with may view your driving record, claims and/or credit history to help them determine their premium.



DATE TAKEN: _____

REQUESTED EFFECTIVE DATE: _____

INITIALS: _____

ABEL INSURANCE AUTO QUOTE FORM

CONTACT PERSON: _____ HOW DID YOU HEAR OF ABEL?: _____

APPLICANT'S NAME: _____ OCCUPATION: _____

CO-APPLICANTS NAME: _____ OCCUPATION: _____

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

ADDRESS: _____ # OF YEARS AT ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____ ZIP: _____

EMAIL: _____ PHONE #: _____

CURRENT CARRIER: _____ TIME W/ CARRIER: _____ EXP DATE: _____

PREVIOUS ADDRESS IF INSURED HAS MOVED W/IN 3 YEARS: _____

MEMBER OF AAA/AARP/ETC?: YES NO IF YES, NAME OF GROUP: _____

AUTO INFORMATION

DRIVER #1: _____ SEX: _____ DOB: _____ SS#: _____

DRIVER LICENSE #: _____ USAGE: _____

COMMUTE TO WORK/SCHOOL: _____ (MILES ONE WAY) UBER/LYFT DRIVER? YES NO

HIGHEST LEVEL OF EDU COMPLETED? _____ VIOLATIONS?: _____

DRIVER #2: _____ SEX: _____ DOB: _____ SS#: _____

DRIVER LICENSE #: _____ USAGE: _____

COMMUTE TO WORK/SCHOOL: _____ (MILES ONE WAY) UBER/LYFT DRIVER? YES NO

HIGHEST LEVEL OF EDU COMPLETED? _____ VIOLATIONS?: _____

DRIVER #3: _____ SEX: _____ DOB: _____ SS#: _____

DRIVER LICENSE #: _____ USAGE: _____

COMMUTE TO WORK/SCHOOL: _____ (MILES ONE WAY) GOOD STUDENT (3.0 OR BETTER)? YES NO

VIOLATIONS?: _____

VEHICLE INFORMATION

VEHICLE #1: YEAR: _____ MAKE: _____ MODEL: _____

VIN #: _____ DRIVER OF CAR: _____

LIABILITY LIMIT: \$ _____ COMP DED. \$ _____ COLLISION: \$ _____

LEINHOLDER/LEASE?: _____ GAP COV?: YES NO

SECURITY ALARMS? YES NO REPLACEMENT COST? YES NO TOWING? YES NO RENTAL?: YES NO

NAME ON TITLE?: _____ SALVAGE TITLE? YES NO

VEHICLE #2: YEAR: _____ MAKE: _____ MODEL: _____

VIN #: _____ DRIVER OF CAR: _____

LIABILITY LIMIT: \$ _____ COMP DED. \$ _____ COLLISION: \$ _____

LEINHOLDER/LEASE?: _____ GAP COV?: YES NO

SECURITY ALARMS? YES NO REPLACEMENT COST? YES NO TOWING? YES NO RENTAL?: YES NO

NAME ON TITLE?: _____ SALVAGE TITLE? YES NO

VEHICLE #3: YEAR: _____ MAKE: _____ MODEL: _____

VIN #: _____ DRIVER OF CAR: _____

LIABILITY LIMIT: \$ _____ COMP DED. \$ _____ COLLISION: \$ _____

LEINHOLDER/LEASE?: _____ GAP COV?: YES NO

SECURITY ALARMS? YES NO REPLACEMENT COST? YES NO TOWING? YES NO RENTAL?: YES NO

NAME ON TITLE?: _____ SALVAGE TITLE? YES NO

CYCLE & ATV QUOTES:

IS THIS A TRIKE? YES NO # OF CC'S: _____ VALUE: \$ _____

ANY CERTIFIED CLASSES? YES NO CYCLE ENDORSED ON LICENSE? _____