



Taylor & Taylor Associates, Inc.
 Taylor & Taylor, Ltd.
 www.taylorinsurance.com

AUTOMOBILE INSURANCE QUOTE REQUEST FORM

NAME		
ADDRESS	STREET	APT/SUITE NUMBER
	CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	E-MAIL ADDRESS
OCCUPATION	SSN	D.O.B.
EFFECTIVE DATE OF COVERAGE		

CO-APPLICANT INFO (LEAVE BLANK IF NOT APPLICABLE)

NAME		
HOME PHONE	WORK PHONE	E-MAIL ADDRESS
OCCUPATION	SSN	D.O.B.

DRIVER INFORMATION

DRIVER #1 NAME		DRIVER #2 NAME		DRIVER #3 NAME	
LICENSE NUMBER/STATE		LICENSE NUMBER/STATE		LICENSE NUMBER/STATE	
GENDER	D.O.B.	GENDER	D.O.B.	GENDER	D.O.B.
MARITAL STATUS	OCCUPATION	MARITAL STATUS	OCCUPATION	MARITAL STATUS	OCCUPATION
YEARS LICENSED		YEARS LICENSED		YEARS LICENSED	
ANY ACCIDENTS/VIOLATIONS IN PAST 5 YEARS?		ANY ACCIDENTS/VIOLATIONS IN PAST 5 YEARS?		ANY ACCIDENTS/VIOLATIONS IN PAST 5 YEARS?	

****MAKE SURE TO ENTER ALL HOUSEHOLD MEMBER'S INFORMATION (LICENSED & UNLICENSED)****

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VEHICLE DETAILS

YEAR			
MAKE			
MODEL			
VIN			
USAGE			
MILES TO WORK			
ANNUAL MILEAGE			
LEASED/OWNED			
GARAGING ADDRESS			

COVERAGE LIMITS

Minimum Recommended Limits

Requested Limits

BODILY INJURY	\$250,000 / \$500,000	
PROPERTY DAMAGE	\$100,000	
UNINSURED MOTORIS	\$250,000 / \$500,000	
MEDICAL PAYMENTS	\$5,000	
COLLISION DEDUCTIBLE	\$500	
COMPREHENSIVE DEDUCTIBLE	\$500	
TOWING	YES	
RENTAL REIMBURSEMENT	EXTENDED, IF AVAILABLE	
PERSONAL INJURY PROTECTION	\$175,000 AGGREGATE	

UNDERWRITING INFORMATION

INSURANCE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> NO PRIOR <input type="checkbox"/> LAPSED <input type="checkbox"/> OTHER: _____		ANY LOSSES IN THE PAST FOUR (4) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.
CURRENT INSURANCE CARRIER	CURRENT POLICY NUMBER	CURRENT POLICY EXPIRATION DATE
NUMBER OF YEARS OF CONTINUOUS COVERAGE	LENGTH OF TIME WITH CURRENT CARRIER	CURRENT BODILY INJURY LIMITS

LIENHOLDER INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)

BANK NAME:	VEHICLE:
ADDRESS:	CITY, STATE, ZIP:

The above information may/will be used to obtain your credit-based insurance score, motor vehicle history and premium quotation(s). You must speak to an account representative in order to bind coverage; coverages cannot be bound or changed by phone message.

It is common practice as part of the underwriting process that we may seek further information about you and any person insured under the policy from other sources to obtain an investigative consumer report containing claims, financial and credit history. If an investigation is made it will be handled in the strictest confidence. We will not disclose information without your consent unless that disclosure is necessary for us to conduct our business.

Signature _____

Date _____