



Auto Quote Questionnaire

INSURANCE SERVICES PLUS
Lake Crystal ~ Madelia

| Primary Drivers | | | | | | |
|---|---------------------------------|--|---------------|------------------------------|--------------------|--|
| Name | | Gender | Date of Birth | SSN | Driver's License # | |
| <input type="checkbox"/> PIP65 <input type="checkbox"/> 55+ Safety <input type="checkbox"/> Good Student | Education Level | <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree | Accidents | | Violations | |
| Spouse | | Gender | Date of Birth | SSN | Driver's License # | |
| <input type="checkbox"/> PIP65 <input type="checkbox"/> 55+ Safety <input type="checkbox"/> Good Student | Education Level | <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree | Accidents | | Violations | |
| Address | | | City | State | Zip | |
| Previous Address if above address < 60 days | | | City | State | Zip | |
| Address of Garage | | | City | State | Zip | |
| Home Phone | Work Phone | Cell Phone | | Email | | |
| <input type="checkbox"/> Own home/condo <input type="checkbox"/> Rent <input type="checkbox"/> Live w/parents <input type="checkbox"/> Other | Prior/Current Insurance Company | | | Expiration Date of Insurance | | |
| <input type="checkbox"/> Insured has had 6 months of continuous insurance with no more than a 30 day lapse | | | | | | |

| Other Household Drivers | | | | | |
|-------------------------|--|--------|---------------|-----|--------------------|
| Name | | Gender | Date of Birth | SSN | Driver's License # |
| Name | | Gender | Date of Birth | SSN | Driver's License # |

| Vehicle Information | | | | | | |
|---|---|----------------------|-----------------------|-----------------------|--------------------------------|--|
| Year | Make | Model | | Vin # | | |
| Address if Commuting | | | City | State | Zip | |
| Miles to Commute | <input type="checkbox"/> Anti-theft <input type="checkbox"/> ALB <input type="checkbox"/> Airbags | Limits Desired \$ | Comp Deductible \$ | Coll Deductible \$ | ACPE (add'l parts equip) \$ | |
| <input type="checkbox"/> Rental (\$20 day/\$600 max) <input type="checkbox"/> Roadside (no limits) <input type="checkbox"/> Payoff (loan/lease) | Total number of comprehensive claims \$1,000+ on all covered vehicles in past 35 months | | | | | |
| Lowest BI limits on prior policy in the past 6 months | | | | | | |

| Additional Vehicles | | | |
|---------------------|------|-------|-------|
| Year | Make | Model | Vin # |
| Year | Make | Model | Vin # |

| Notes |
|-------|
| |

Submit Form