



# Automobile Insurance Quote Form

## • Coverage Information

Comprehensive Deductible: \$100 \$250 \$500 \$1000

Collision Deductible: \$100 \$250 \$500 \$1000

Liability (Bodily Injury/Property Damage Single Limit): \$100,000 \$300,000 \$500,000 \$1,000,000

Uninsured/Underinsured Motorist Limit : \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000

Medical Expenses : \$1,000 \$2,000 \$5,000 \$10,000

Towing: \$25 \$50 \$75

Rental Reimbursement: \$22 \$30 \$45

## • History

Please provide details for any Accidents AND/OR moving traffic violations which have occurred in the past three (3) years for EACH driver. Please include Driver Name, Date, Description, Amount Paid, Violation Descriptions and any other pertinent information for the best possible pricing.

**Accident 1** Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Description \_\_\_\_\_

Moving Violation Description \_\_\_\_\_

**Accident 1** Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Description \_\_\_\_\_

Moving Violation Description \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you referred to Insurance Concepts? Yes No

If so, by whom? \_\_\_\_\_

## Notice of insurance information practices:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.