

AUTO QUOTE FORM

Date: _____

Sawyer Insurance Services
Ph: 972-496-6510
Fax: 972-496-6381
siservices@verizon.net

QUOTE
 ISSUE POLICY

Fax to: 972-496-6381
Email to: siservices@verizon.net
Mail to: Sawyer Insurance Services
3110 Pecan Meadow
Garland, TX 75040

DRIVER #1: _____ Circle One: Male / Female Single / Married D.O.B.: _____ SS#: _____ DL #: _____ JOB Title: _____ * Defensive Driving: YES or NO * Any accidents, tickets, YES or NO claims in the Last 3 years? * Are there any additional or excluded drivers in the household? YES or NO (Please list additional drivers & vehicles in REMARKS section)	DRIVER #2: _____ Circle One: Male / Female Single / Married D.O.B.: _____ SS#: _____ DL #: _____ JOB Title: _____ Relationship to #1: _____ * Defensive Driving: YES or NO * Any accidents, tickets, YES or NO claims in the Last 3 years?	DRIVER #3: _____ Circle One: Male / Female Single / Married D.O.B.: _____ SS#: _____ DL #: _____ JOB Title: _____ Relationship to #1: _____ * Defensive Driving: YES or NO * Any accidents, tickets, YES or NO claims in the Last 3 years?
---	---	---

Mailing Address: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____
Garaging Address: _____ **COUNTY:** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Email Address:** _____
Prior Address: _____ **How Long:** _____

AUTOS:

USE

C = Commute
P = Pleasure
B = Business

VIN (Should be 17 digits)

**Annual
Miles**

YR / MAKE / MODEL

1. _____					
Owner Name: _____	Lienholder: YES or NO	Current Odometer: _____	Purchased: New or Used		
2. _____					
Owner Name: _____	Lienholder: YES or NO	Current Odometer: _____	Purchased: New or Used		
3. _____					
Owner Name: _____	Lienholder: YES or NO	Current Odometer: _____	Purchased: New or Used		

COVERAGES:

LIABILITY: _____ / _____ / _____ **UM:** _____ / _____ / _____ **PIP / MEDICAL:** _____

CAR 1. DRIVER: _____	COMP: _____	COLL: _____	TOWING: _____	RENTAL: _____	One Way Miles _____
CAR 2. DRIVER: _____	COMP: _____	COLL: _____	TOWING: _____	RENTAL: _____	One Way Miles _____
CAR 3. DRIVER: _____	COMP: _____	COLL: _____	TOWING: _____	RENTAL: _____	One Way Miles _____

DISCOUNTS: Alarm: **YES or NO** **Type:** Factory / Custom / LoJack / OnStar **CAR 1, CAR 2, CAR 3** (circle car w/ alarm)

**** CURRENT INSURANCE CARRIER:** _____ **HOW LONG:** _____ **EXPIRATION DATE:** _____

**** HOW LONG HAVE YOU HAD CONTINUOUS AUTO COVERAGE WITH OUT A LAPSE:** _____

REMARKS: LIST ALL ACCIDENTS, TICKETS & CLAIMS FOR THE LAST 5 YEARS: (Please list driver, date & amount paid)