

Auto Insurance Quick Quote

Personal Information

First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ___/___/___ Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cellphone #: _____

Email Address: _____

Number of House Hold Members: _____

Current Insurance Company Information

Auto Insurance Company: _____

Expires: _____

Liability Limits:

- 50,00/100,00/250,00
- 100,000/300,000/100,000
- 250,000/500,000/100,000
- 300,000 Combined Limit
- 500,000 Combined Limit

Other Liability: _____

Health Insurance Company: _____

Vehicle Information

(list only the vehicles you want insured)

Vehicle 1

Make/Model: _____

VIN: _____

Primary Use:

- Pleasure
- Work <3 Miles
- Work 3-15 Miles
- Work 7-15 Miles
- Business

Comprehensive:

- 50
- 100
- 250
- 500
- 1,000
- More

Collision:

- 50
- 100
- 250
- 500
- 1,000
- None

Type of Collision: Broad Standard Limited Deductible

Vehicle 2

Make/Model: _____

VIN: _____

Primary Use:

- Pleasure
- Work <3 Miles
- Work 3-15 Miles
- Work 7-15 Miles
- Business

Comprehensive:

- 50
- 100
- 250
- 500
- 1,000
- More

Collision:

- 50
- 100
- 250
- 500
- 1,000
- None

Type of Collision: Broad Standard Limited Deductible

Vehicle 3

Make/Model: _____

VIN: _____

Primary Use:

- Pleasure
- Work <3 Miles
- Work 3-15 Miles
- Work 7-15 Miles
- Business

Comprehensive:

- 50
- 100
- 250
- 500
- 1,000
- More

Collision:

- 50
- 100
- 250
- 500
- 1,000
- None

Type of Collision: Broad Standard Limited Deductible

Driver Information

(Driving violations for each driver in last 5 years. Complete for each driver.)

Driver 1

Name: _____ Date of Birth: ____/____/____

Sex: Male Female Other

Marital Status: Married Divorced Single Widowed

Employer: _____ Occupation: _____

<input type="checkbox"/> None	# of Violations	Date of Violations
<input type="checkbox"/> Speeding (up to 10 MPH over)		
<input type="checkbox"/> Speeding (11 to 15 MPH over)		
<input type="checkbox"/> Speeding (15 MPH + over)		
<input type="checkbox"/> Non at-fault accident		
<input type="checkbox"/> At-fault accident		

Other Violations (explain and give dates): _____

Driver 2

Name: _____ Date of Birth: ____/____/____

Sex: Male Female Other

Marital Status: Married Divorced Single Widowed

Employer: _____ Occupation: _____

<input type="checkbox"/> None	# of Violations	Date of Violations
<input type="checkbox"/> Speeding (up to 10 MPH over)		
<input type="checkbox"/> Speeding (11 to 15 MPH over)		
<input type="checkbox"/> Speeding (15 MPH + over)		
<input type="checkbox"/> Non at-fault accident		
<input type="checkbox"/> At-fault accident		

Other Violations (explain and give dates): _____

Driver 3

Name: _____ Date of Birth: ____/____/____

Sex: Male Female Other

Marital Status: Married Divorced Single Widowed

Employer: _____ Occupation: _____

<input type="checkbox"/> None	# of Violations	Date of Violations
<input type="checkbox"/> Speeding (up to 10 MPH over)		
<input type="checkbox"/> Speeding (11 to 15 MPH over)		
<input type="checkbox"/> Speeding (15 MPH + over)		
<input type="checkbox"/> Non at-fault accident		
<input type="checkbox"/> At-fault accident		

Other Violations (explain and give dates): _____

When form is filled out completely, please mail form to either Kauffold Agency or Bailey Agency to get an auto quote.

Kauffold Agency, Inc.

19 N. Center St., Box 686
Sebewaing, MI 48759

Bailey Agency, Inc.

30 S. Main St., Box 710
Pigeon, MI 48755