

Name: \_\_\_\_\_ Auto Insurance Quote Sheet Spouse: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Office: (806) 785-0840 Date of Birth: \_\_\_\_\_  
 Social Security: \_\_\_\_\_ Fax: (806) 785-2370 Social Security: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_ Email: dansbyinsurance@gmail.com Drivers License: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Education Level: \_\_\_\_\_ Completed By: \_\_\_\_\_ Education Level: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Driver:**

| Name  | Date of Birth | License# | Occupation | Social Security |
|-------|---------------|----------|------------|-----------------|
| _____ | _____         | _____    | _____      | _____           |
| _____ | _____         | _____    | _____      | _____           |

Mailing Address: \_\_\_\_\_

Street Address(if different then mailing): \_\_\_\_\_

Own Home: Y N Mobile Home: Y N Uber: Y N Lift: Y N

Previous Carier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Lapse in Coverage: Y N If yes, describe: \_\_\_\_\_

Company Car: Y N Leased Car: Y N How is vehicle Title: \_\_\_\_\_

**Vehicles:**

| Year  | Make  | Model | VIN#  | Driver | Use   |
|-------|-------|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ | _____  | _____ |
| _____ | _____ | _____ | _____ | _____  | _____ |

Lien Holder: Y N Lien Holder Address: \_\_\_\_\_

**Coverages:**

Liability Limits: \_\_\_\_\_

Underinsured/Uninsured Liability Limits: \_\_\_\_\_

Personal Injury Protection: \_\_\_\_\_

Medical Payments: \_\_\_\_\_

Comprehensive Deductible: \_\_\_\_\_

Collision Deductible: \_\_\_\_\_

Towing/Roadside Assistance: Y N Rental Reimbursements: Y N

**Other Lines:**

Umbrella Quote: Y N Umbrella Limits: \_\_\_\_\_

Boat Quote: Y N Boat Information: \_\_\_\_\_

RV/Camper Quote: Y N Information: \_\_\_\_\_

Motorcycle Quote: Y N Motorcycle Information: \_\_\_\_\_

Trailer: Y N Trailer Information: \_\_\_\_\_