

SIG/Dansby & Associates

5147 69th St Suite A Lubbock, TX 79424

Office: 806-785-0840 Fax: 806-785-2370

joel@dansbyinsurance.com jeremy@dansbyinsurance.com

Auto Insurance Quote Sheet

Name: _____
Date of Birth: _____
Social Security: _____
Driver License: _____
Occupation: _____
Education Level: _____
Marital Status: _____
Primary Phone: _____
Email: _____

Spouse: _____
Date of Birth: _____
Social Security: _____
Driver License: _____
Occupation: _____
Education Level: _____
Marital Status: _____
Primary Phone: _____
Email: _____

Additional Drivers:

Table with 5 columns: Name, Date of Birth, License #, Occupation, Social Security #. Includes three empty rows for data entry.

Mailing Address: _____

Street Address (if different than mailing): _____

Own Home: Y N Mobile Home: Y N

Previous Carrier: _____ Policy # (if know): _____ Expiration Date: _____

Lapse in coverage: Y N How long? _____

Auto used in business: Y N If yes, describe: _____

Company Car: Y N Leased Car: Y N How is vehicle Title? _____

Vehicles:

Table with 6 columns: Year, Make, Model, VIN#, Driver, Use. Includes three empty rows for data entry.

Lien Holder: Y N

Lien Holder address: _____

Coverage's:

Liability Limits: _____

Underinsured/Uninsured Liability Limits: _____

Personal Injury Protection: _____

Medical Payments: _____

Comprehensive Deductible: _____

Collision Deductible: _____

Towing/Roadside Assistance: Y N

Rental Reimbursement: Y N

Other Lines:

Umbrella Quote: Y N Umbrella Limits: _____

Boat Quote: Y N Boat information: _____

RV/Camper Quote: Y N Camper information: _____

Motorcycle Quote: Y N Motorcycle information: _____

Trailer: Y N Trailer information: _____

Please sign to authorize SIG/Dansby & Associates to run quote with your insurance score and claims history in order to receive an accurate quote. By signing you also state you understand completion of this form does not imply or guarantee coverage.

X _____

Date: _____