

Auto Insurance Quote Request Form

E-mail to: Personal@j-freeman.com ▪ Fax To: (864) 331-4401

Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alt. Phone: _____
 Marital Status: _____ Email: _____
 Occupation: _____ Spouse Occupation: _____
 Own or Rent Home: _____

AUTO 1:
 Year _____ Make _____ Model _____ VIN # _____
 Lien Holder: _____ Usage: _____ Miles to work: _____ Avg. Annual Miles: _____
(1-way)

AUTO 2:
 Year _____ Make _____ Model _____ VIN # _____
 Lien Holder: _____ Usage: _____ Miles to work: _____ Avg. Annual Miles: _____
(1-way)

AUTO 3:
 Year _____ Make _____ Model _____ VIN # _____
 Lien Holder: _____ Usage: _____ Miles to work: _____ Avg. Annual Miles: _____
(1-way)

AUTO 4:
 Year _____ Make _____ Model _____ VIN # _____
 Lien Holder: _____ Usage: _____ Miles to work: _____ Avg. Annual Miles: _____
(1-way)

Additional Information required for all applicants

Driver Name:	D.O.B.	SSN#	Drivers License #	State	Tickets/Accd. <small>(Last 5 yrs.)</small>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Liability Limits	-OR- Bodily Injury	Property Damage	UM/UIM	Comprehensive	Collision	Towing	Rental Reimbursement	Split Limits	
								_____	_____
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____

CSL = Combined Single Limits UM = Uninsured Motorist UIM = Under Insured Motorist

Current Carrier _____ Premium _____ Per _____ Exp Date _____

Insurance scores and motor vehicle records will be ordered when quotes are run.