

Date: _____ Information collected by: _____

Powers Insurance Agency, LLC

Auto Quote Worksheet

Phone#: _____ Alternate #: _____ Email: _____

How did you hear about our agency?: _____

Currently insured with?: _____ Policy# : _____ At least 6 months: Y or N

Name: _____

Address: _____

Date of Birth: _____

Driver's License #: _____

Social Security #: _____

Spouse Name: _____

Any Children? Y or N

Date of Birth: _____

Do they live in the household? Y or N

Driver's License #: _____

Social Security Number: _____

If so we need Names, Dates of birth, Social security #'s
And Driver's license #'s if driving.

Have driver's been licensed in state for more than 3 years?? Y or N If no need prior license state and number:

Children Information:

Names	Date of Birth	Social Security #	Drivers License #	In school? Good Student?

Vehicle Information:

#	Year	Make	Model	Vin#	Lien? Y/N

If any liens need names and addresses:

Usage Information:

Vehicle #	Pleasure/ Commute	Miles one way	Miles a day	Annual miles	Who drives vehicle

Are any vehicles antique/classic or restricted use? Y or N if yes please identify which vehicle:

Coverages:

Vehicle #	Liability Limits/ Uninsured/Underinsured	Comprehensive Deductible	Collision Deductible	Towing Y or N	Rental Y or N

*****We also provide many other lines of insurance, such as home, business insurance, life and health insurance. If you are interested in getting a no obligation quote please let us know and we will be happy to assist you.*****

Interested in quote for:

Home: Y or N

Business insurance Y or N

Life Insurance: Y or N

Heath Insurance: Y or N

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