

# SINGLE SOURCE BENEFITS, INC.

## Request for Automobile Price Quotation

Name of Current company \_\_\_\_\_ Date present insurance expires: \_\_\_\_\_

FULL NAME	HOME PHONE NO. ( )
STREET ADDRESS	BUSINESS PHONE NO. ( )

### VEHICLE(S)

	YEAR	MAKE	MODEL	MODEL BODY TYPE (2-DOOR, 4-DOOR, SW)	IS VEHICLE FINANCED?	V.I.N.
VEH. 1						
VEH. 2						
VEH. 3						

### HOUSEHOLD RESIDENTS

LIST HOUSEHOLD RESIDENTS 13 AND OLDER	BIRTH DATE	YRS. LIC'D	RELATION-SHIP	DRIVER'S LICENSE #	SS #	OCCUPATION	MARITAL STATUS	DRIVES VEHICLE		
								1	2	3

COMPLETE THE FOLLOWING:	VEH. 1	VEH. 2	VEH. 3	FROM YOUR CURRENT INSURANCE DECLARATIONS SHEET, FILL IN CURRENT LEVELS OF COVERAGE:		
	Yes	No	Yes	No	Yes	No
Is vehicle driven to work, school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BODILY INJURY LIABILITY	PROEPRTY DAMAGE LIAB.
If yes, what is road mileage one way?					PER PERSON	PER ACCIDENT
If yes, how many days driven per week?					_____	_____
Estimated annual miles driven?					Accidental Death	Funeral Ben.
Is vehicle used in a car pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAL PAYMENTS	UNINSURED OR UNDERINSURED MOTORISTS
If yes, how many drivers?					Per Person	Per Person Per Accident
Is vehicle used for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drivers Ed/Safety Courses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Loss Benefit	_____
<b>CURRENT DEDUCTIBLES:</b>	VEH. 1	VEH. 2	VEH. 3	ROAD SERVICE		RENTAL COVERAGE
COMPREHENSIVE DEDUCTIBLE:				<input type="checkbox"/> YES		PER DAY
COLLISION DEDUCTIBLE:				<input type="checkbox"/> NO		_____

**ACCIDENTS** HAS ANY DRIVER HAD ANY ACCIDENT (REGARDLESS OF FAULT) WITHIN THE PAST 5 YEARS?  
 YES  NO IF "YES", PLEASE GIVE DETAILS BELOW.

NAME OF DRIVER	DATE OF ACCIDENT	ACCIDENT DESCRIPTION	BODILY INJURY	DOLLAR AMOUNTS OF DAMAGE	WHOSE INSURANCE COMPANY PAID?
	/ /		YES NO		
	/ /		<input type="checkbox"/> <input type="checkbox"/>		
	/ /		<input type="checkbox"/> <input type="checkbox"/>		
	/ /		<input type="checkbox"/> <input type="checkbox"/>		

**MOVING VIOLATIONS** HAS ANY BEEN CONVICTED OF A MOVING VIOLATION IN THE PAST 5 YRS.  
 YES  NO IF "YES", PLEASE GIVE DETAILS BELOW.

NAME OF DRIVER	DATE OF VIOLATION	VIOLATION DESCRIPTION (If speeding violation, list amount over speed limit)	LICENSE SUSPENDED/REVOKED From: (Mo./Yr.) To: (Mo./Yr.)
	/ /		
	/ /		
	/ /		

**THIS FORM IS A REQUEST FOR A QUOTATION, NOT AN INSURANCE POLICY.**

The quote is based on the information provided and could change after further review of driving record and applicable information.