

Request for Automobile Price Quotation

**IF YOU HAVE A GOOD DRIVING RECORD,
PLEASE COMPLETE, & FAX TO POLESKY AGENCY FAX#412-264-4833**

Name of current company (optional) _____ Date present insurance expires: Mo. _____ Yr. _____

FULL NAME <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS	HOME PHONE NO. () ()
STREET ADDRESS	BUSINESS PHONE NO. () ()
CITY	BEST TIME TO CALL A.M. _____ P.M. _____

VEHICLE(S)

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

HOUSEHOLD RESIDENTS

LIST HOUSEHOLD RESIDENTS 13 YEARS AND OLDER	BIRTH DATE (xx-xx-xx)	YEARS LIC'D	RELATIONSHIP	OPERATOR LICENSE NUMBER	SS#	OCCUPATION	MARITAL STATUS	DRIVES VEHICLE		
								1	2	3
			SELF							

COMPLETE THE FOLLOWING:

VEH. 1 VEH. 2 VEH. 3
Yes No Yes No Yes No

FROM YOUR CURRENT INSURANCE DECLARATIONS SHEET, FILL IN CURRENT LEVELS OF COVERAGE:

Is vehicle driven to work, school?.....							BODILY INJURY LIABILITY	PROPERTY DAMAGE LIABILITY
If yes, what is road mileage one way?.....							PER PERSON	PER ACCIDENT
If yes, how many days driven per week?.....							_____	_____
Estimated annual miles driven?.....								
Is vehicle used in a car pool?.....							MEDICAL PAYMENTS*	UNINSURED OR UNDERINSURED MOTORISTS
If yes, how many drivers?.....							PER PERSON	BODILY INJURY
Is vehicle used for business purposes?.....							_____	PROPERTY DAMAGE If Applicable in Your State
Drivers Ed/Safety Courses?.....								
CURRENT DEDUCTIBLES:	VEH. 1	VEH. 2	VEH. 3				ROAD SERVICE	TRANSPORTATION EXPENSE (Rental Car Coverage)
COMPREHENSIVE DEDUCTIBLE:.....							<input type="checkbox"/> YES	PER DAY
COLLISION DEDUCTIBLE:.....							<input type="checkbox"/> NO	_____

*Medical Expense in VA—Personal Injury Protection in DC, MD & NY—First Party Benefits in PA

ACCIDENTS HAS ANY DRIVER HAD ANY ACCIDENT (regardless of fault) WITHIN THE PAST 5 YEARS? YES NO IF "YES," PLEASE GIVE DETAILS BELOW. PA & MD RESIDENTS: PLEASE ANSWER FOR THE PAST 3 YEARS.

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

MOVING VIOLATIONS HAS ANY DRIVER BEEN CONVICTED FOR MOVING VIOLATIONS WITHIN THE PAST 5 YEARS? YES NO IF "YES," PLEASE GIVE DETAILS BELOW. PA & MD RESIDENTS: PLEASE ANSWER FOR THE PAST 3 YEARS.

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.