

 **Florida**

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**Phone: 770 694 6108**

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Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_ Best Time to Call: \_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auto Details**

Auto Policy Expiration Date: \_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_ Current Carrier Premium: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 Months of Prior Insurance Coverage (circle): Yes /No Current Liability Limits (circle): 25/50 50/100 100/300 250/500 Other: \_\_\_\_\_\_\_\_\_\_\_

Deductible (circle): 250 500 1000 Medical Payments (circle): 1K 2K 5K

**Drivers in Household:**



**Vehicles owned by the Named Insured:**



**Coverage to be Quoted:** Requested Liability Limits (please circle): 25/50 50/100 100/300 250/500 Other:-\_\_\_\_\_\_\_\_

Property Damage: 25 50 100 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rental Expense \_\_\_\_\_\_\_\_\_\_\_\_ Towing Limit\_\_\_\_\_\_\_\_\_\_\_\_\_

Uninsured Motorist: 25/50 50/100 100/300 250/500 Other\_\_\_\_\_\_\_\_\_\_ SR22 (circle): Yes / No

Uninsured Motorist- Property Damage: 25 50 100 Other\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Payments/ PIP\_\_\_\_\_\_\_\_\_\_\_

Coll. Deductible (circle): 100 250 500 1,000 Comp. Deductible (circle): 100 250 500 1,000

Does Insured (circle) Own a home Rent Live with Parents Other

Accidents and Violations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes Regarding Additional Coverage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*\*If the requested coverage is not available, the quote will be calculated based on similar coverage options*

*\*Commission is only eligible to licensed P&C agents in the applicable writing state*