



16128 Route 119 HWY N.
Rochester Mills, PA 15771
Phone: (724)286-9772 Fax: (724)286-9779
Auto Insurance Quote Form

Applicant Information:

Effective Date: _____ First Name Insured: _____ Date of Birth: _____
DL# _____ - _____ - _____ Year Licensed: _____ SSN: _____
Mailing Address: _____ City: _____ Zip Code: _____
Years at address: _____ Previous Address (If < 3 years) _____
Occupation: _____ Current Policy Holder: _____
Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Email: _____

Additional Drivers:

Driver #2

Name: _____ Date of Birth: _____ DL# _____ - _____ - _____
Year Licensed: _____ SSN: _____ Occupation: _____
Relationship to Applicant: _____

Additional Drivers:

Driver #3

Name: _____ Date of Birth: _____ DL# _____ - _____ - _____
Year Licensed: _____ SSN: _____ Occupation: _____
Relationship to Applicant: _____

Additional Drivers:

Driver #4

Name: _____ Date of Birth: _____ DL# _____ - _____ - _____
Year Licensed: _____ SSN: _____ Occupation: _____
Relationship to Applicant: _____

Vehicle Information:

Vehicle #1

VIN: _____ Year: _____ Make: _____ Model: _____

Garaging Zip Code: _____ Anti-Theft: YES / NO Airbags: YES / NO Used for Delivery: YES / NO

Lienholder Name: _____ Lienholder Address: _____

Annual Mileage: _____ Usage: Work / Pleasure Driver #: _____

Vehicle #2

VIN: _____ Year: _____ Make: _____ Model: _____

Garaging Zip Code: _____ Anti-Theft: YES / NO Airbags: YES / NO Used for Delivery: YES / NO

Lienholder Name: _____ Lienholder Address: _____

Annual Mileage: _____ Usage: Work / Pleasure Driver #: _____

Vehicle #3

VIN: _____ Year: _____ Make: _____ Model: _____

Garaging Zip Code: _____ Anti-Theft: YES / NO Airbags: YES / NO Used for Delivery: YES / NO

Lienholder Name: _____ Lienholder Address: _____

Annual Mileage: _____ Usage: Work / Pleasure Driver #: _____

Vehicle #4

VIN: _____ Year: _____ Make: _____ Model: _____

Garaging Zip Code: _____ Anti-Theft: YES / NO Airbags: YES / NO Used for Delivery: YES / NO

Lienholder Name: _____ Lienholder Address: _____

Annual Mileage: _____ Usage: Work / Pleasure Driver #: _____

Violations/Not-At-Fault Accidents/Claims (Past 35 Months)

At-Fault Accidents (Past 59 Months)

1.) Driver Involved: 1 / 2 / 3 / 4

Date of Accident: ___/___/___

Description of Accident: _____

Amount Paid by Insurance: \$ _____

(violations continued)

2.) Driver Involved: 1 / 2 / 3 / 4

Date of Accident: ___/___/___

Description of Accident: _____

Amount Paid by Insurance: \$ _____

3.) Driver Involved: 1 / 2 / 3 / 4

Date of Accident: ___/___/___

Description of Accident: _____

Amount Paid by Insurance: \$ _____

Underwriting Information:

Prior Insurance Carrier: _____

Prior Insurance Expiration: ___/___/___

Prior Tort: FULL / LIMITED

Prior Limits: ___/___/___ (BI PP/ BI PA/ PROP PA)

Number of Years with Prior Carrier: _____

AAA Member: YES / NO

Paperless: YES / NO

Multipolicy Discount Applied: YES / NO

Accident Forgiveness: YES / NO

