



**SUNSET CORRIDOR  
INSURANCE SERVICES**

# INSURANCE 'SHOPPERS' QUOTE REQUEST

|      |  |         |     |  |
|------|--|---------|-----|--|
| Name |  | Address |     |  |
| City |  | County  | Zip |  |

|            |                |            |          |
|------------|----------------|------------|----------|
| Home Phone | Business Phone | Occupation | Employer |
|------------|----------------|------------|----------|

## AUTOMOBILE/RECREATIONAL VEHICLE

|                            |   |
|----------------------------|---|
| Present Insurance Company? | Present liability coverage: \$          |
| Date Policy Expires?       | Deductibles: \$ Collision Comprehensive |

| CAR | Year | Make | Model (complete description) | H.P./C.C. | Miles—1 way to work | Used in Business | Annual Miles | Principal Driver |     |             | Occasional Driver |     |             | Last 3 Years |               |
|-----|------|------|------------------------------|-----------|---------------------|------------------|--------------|------------------|-----|-------------|-------------------|-----|-------------|--------------|---------------|
|     |      |      |                              |           |                     |                  |              | Age              | Sex | 'B' student | Age               | Sex | 'B' student | #Citations   | Accident Date |
| 1   |      |      |                              |           |                     |                  |              |                  |     |             |                   |     |             |              |               |
| 2   |      |      |                              |           |                     |                  |              |                  |     |             |                   |     |             |              |               |
| 3   |      |      |                              |           |                     |                  |              |                  |     |             |                   |     |             |              |               |

## HOMEOWNERS/CONDO-OWNERS/RENTERS

|                            |                             |
|----------------------------|-----------------------------|
| Present Insurance Company? | Any losses in last 3 years? |
| Date Policy Expires?       | Date: Type: Amt:            |

|   |                              |             |                   |
|---|------------------------------|-------------|-------------------|
| HOMEOWNERS<br>Present Policy Dwelling Amount? \$                                    | Square Feet in Dwelling?     | Year Built? | <i>Thank you.</i> |
| CONDO-OWNERS or RENTERS (circle one)<br>Present Personal Property Policy Amount? \$ | Number of Units in Building? |             |                   |