

AUTO QUOTATION SHEET

Gregg Insurance Group, Inc.
(317) 344-2009

Name: _____ Marital Status: _____
 Address: _____ City: _____
 County: _____ State: _____ Zip: _____

Homeowner: Yes No Insurance Now: Yes No How Long with Current Carrier: _____
 Renters Insurance: Yes No Company: _____ Effective Date: _____

E-mail Address: _____ **Phone #** _____

<u>Name</u>	<u>DOB</u>	<u>Drivers License #</u>	<u>Social Security #</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

#1) **Occupation:** _____ #2) **Occupation:** _____ **Good Student/ Driver Away??**

<u>Driver #</u>	<u>Year</u>	<u>Make & Model (CCs)</u>	<u>To Wk & Annual</u>	<u>VIN Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Coverages</u>	<u>Please indicate desired amount of coverage</u>					<u>Other Limits</u>
Bodily Injury	100/300	300/300	250/500	500/500		_____
Property Damage	50	100	250	300	500	_____
Medical Payment	1000	2000	3000	5000	10,000	_____
UM	100/300	300/300	250/500	500/500		_____
UIM	100/300	300/300	250/500	500/500		_____

Full Glass Yes No

Comprehensive Vehicle 1 _____ Vehicle 2 _____ Vehicle 3 _____ Vehicle 4 _____

Collision Vehicle 1 _____ Vehicle 2 _____ Vehicle 3 _____ Vehicle 4 _____

Towing Vehicle 1: 50 75 100 Vehicle 2: 50 75 100 Vehicle 3: 50 75 100 Vehicle 4: 50 75 100

Rental Car Limit: _____ per day _____ Max

Prior Address (if less than 4 Years)

Tickets/Accidents in past 5 years? List month/year: _____