GREGG INSURANCE GROUP, INC.
Your Independent Agent for Home, Auto, Life & Business • (317) 344-2009

Auto Insurance Quote Sheet

A few minutes with this form gets you an accurate, personalized quote

Before you start

You don't need to know insurance lingo to fill this out — wherever a term might be unfamiliar, we've explained it in plain English right below it. If anything is unclear or you'd rather not guess, just leave it blank. We'll go over every line together before we quote a thing.

1 ABOUT YOU

Full Legal Name	Marital Status	
Street Address	**City**	
County	**State**	**ZIP Code**
Email Address	**Phone Number**	

If you've lived at this address less than 4 years, please also give us your previous address:

Prior Street Address	City / State / ZIP

Do you own your home: ☐ Yes ☐ No

Do you currently carry auto insurance: ☐ Yes ☐ No

Do you carry renters insurance: ☐ Yes ☐ No

Current Insurance Company (if any)	How Long With That Company	Policy Effective / Renewal Date

2 DRIVERS ON THE POLICY

List everyone in your household who regularly drives, including anyone away at college.

Driver 1 — Full Name	Date of Birth	Driver's License #	Social Security #
Driver 2 — Full Name	**Date of Birth**	**Driver's License #**	**Social Security #**
Driver 3 — Full Name	**Date of Birth**	**Driver's License #**	**Social Security #**
Driver 4 — Full Name	**Date of Birth**	**Driver's License #**	**Social Security #**

Driver #1 Occupation	Driver #2 Occupation

Is any driver a full-time student, on the honor roll, or away at school without a car: ☐ Yes ☐ No
These can qualify for a good-student or distant-student discount.

3 VEHICLES TO INSURE

Driver #	Year	Make & Model	Miles to Work / Annual Miles	VIN Number
Driver #	**Year**	**Make & Model**	**Miles to Work / Annual Miles**	**VIN Number**
Driver #	**Year**	**Make & Model**	**Miles to Work / Annual Miles**	**VIN Number**
Driver #	**Year**	**Make & Model**	**Miles to Work / Annual Miles**	**VIN Number**

Finding your VIN
Your 17-character Vehicle Identification Number is on your registration, insurance card, or the driver-side dashboard. A close estimate of your annual mileage is perfectly fine.

4 COVERAGE YOU'D LIKE QUOTED

Check the amount you're interested in for each coverage. Not sure what to pick? Most of our clients choose the coverages we've bolded below — we're always happy to talk through what makes sense for you.

Bodily Injury Liability
Pays for injuries you cause to other people in an accident that's your fault. Shown as two numbers, like 100/300: $100,000 per injured person, up to $300,000 total per accident.

Bodily Injury Liability: ☐ 100/300 ☐ 300/300 ☐ 250/500 ☐ 500/500 ☐ Other: _____

Property Damage Liability
Pays to repair the other person's car or property when an accident is your fault.

Property Damage Liability: ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $300,000 ☐ $500,000 ☐ Other: _____

Medical Payments (Med Pay)
Pays medical bills for you and your passengers after an accident, no matter who caused it.

Medical Payments: ☐ $1,000 ☐ $2,000 ☐ $3,000 ☐ $5,000 ☐ $10,000 ☐ Other: _____

Uninsured / Underinsured Motorist (UM / UIM)
Protects you if you're hit by a driver who has no insurance (UM) or not enough insurance (UIM) to cover your injuries.

Uninsured Motorist (UM): ☐ 100/300 ☐ 300/300 ☐ 250/500 ☐ 500/500 ☐ Other: _____

Underinsured Motorist (UIM): ☐ 100/300 ☐ 300/300 ☐ 250/500 ☐ 500/500 ☐ Other: _____

Full Glass Coverage (repairs/replaces windshields, no deductible): ☐ Yes ☐ No

Comprehensive & Collision

Comprehensive covers non-crash damage — theft, vandalism, weather, hitting an animal. Collision covers crash damage, regardless of fault. Both are usually required if you're financing or leasing. The deductible is what you pay out of pocket before coverage kicks in.

Vehicle 1 — Comp / Collision Deductible	Vehicle 2 — Comp / Collision Deductible
Vehicle 3 — Comp / Collision Deductible	**Vehicle 4 — Comp / Collision Deductible**

Towing & Roadside Assistance

Pays for a tow truck if your car breaks down or won't start.

Towing Limit (per vehicle): ☐ $50 ☐ $75 ☐ $100

Rental Car Reimbursement

Pays for a rental car while your vehicle is being repaired after a covered accident.

Preferred Daily Limit (e.g. $30/day)	Preferred Maximum Payout (e.g. $900)

5 DRIVING HISTORY

Please list any tickets or accidents from the past 5 years (driver, month/year, and a brief description). Being upfront here helps us find the carrier that will treat you most fairly.

Driver / Date / Description
Driver / Date / Description
Driver / Date / Description

Thank you for taking the time to fill this out. Once we receive it, we'll review everything and follow up personally with your quote and any questions — call or email us anytime at (317) 344-2009 or info@greggins.com.