

# Auto Insurance Quote Form.

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Name:

Address:

City:  State:  Zip:

Phone:  Fax:

E-Mail:

Do you own or rent your home?

## Vehicle Information:

Vehicle #1 Year: <input type="text"/>	Make: <input type="text"/>	Model: <input type="text"/>	Miles driven per year: <input type="text"/>
Vehicle #2 Year: <input type="text"/>	Make: <input type="text"/>	Model: <input type="text"/>	Miles driven per year: <input type="text"/>
Vehicle #3 Year: <input type="text"/>	Make: <input type="text"/>	Model: <input type="text"/>	Miles driven per year: <input type="text"/>
Vehicle #4 Year: <input type="text"/>	Make: <input type="text"/>	Model: <input type="text"/>	Miles driven per year: <input type="text"/>

## Driver Information:

Driver #1 Name: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>	License #: <input type="text"/>	Age First Licensed: <input type="text"/>	Single <input type="text"/>	Good Student? <input type="checkbox"/>
Driver #2 Name: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>	License #: <input type="text"/>	Age First Licensed: <input type="text"/>	Select One <input type="text"/>	Good Student? <input type="checkbox"/>
Driver #3 Name: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>	License #: <input type="text"/>	Age First Licensed: <input type="text"/>	Select One <input type="text"/>	Good Student? <input type="checkbox"/>
Driver #4 Name: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>	License #: <input type="text"/>	Age First Licensed: <input type="text"/>	Select One <input type="text"/>	Good Student? <input type="checkbox"/>

Has any driver had an auto accident or any moving violations in the past six years? Yes  No

Please list accidents (including not-at-fault accidents) and moving violations *during the past six (6) years*:

Current Insurance Co.

Policy Expiration Date:

**Coverage Information:**

**LIABILITY**

**COVERAGES:**

Liability Limits - Bodily Injury	<input type="text" value="Select One"/>
Property Damage	<input type="text" value="\$100,000 each accident"/>
Uninsured Motorists Limits	<input type="text" value="Select One"/>

**PHYSICAL DAMAGE COVERAGES FOR YOUR VEHICLE:**

Vehicle 1:	Collision:	Comprehensive:	Substitute Transport.	Car Alarm?	Yes	No
	<input type="text" value="No Coverage"/>	<input type="text" value="No Coverage"/>	<input type="text" value="No Coverage"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle 2:	<input type="text" value="No Coverage"/>	<input type="text" value="No Coverage"/>	<input type="text" value="No Coverage"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle 3:	<input type="text" value="No Coverage"/>	<input type="text" value="No Coverage"/>	<input type="text" value="No Coverage"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle 4:	<input type="text" value="No Coverage"/>	<input type="text" value="No Coverage"/>	<input type="text" value="No Coverage"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

*TERMS & CONDITIONS: Classic Insurance Agency, Inc. cannot bind, modify or cancel coverage via submissions to our website, or by messages sent through e-mail. Completion and submission of this form or e-mail does not constitute either a binder or an application for insurance. This site provides quotes and information only. An application signed by you and our agent is required for insurance to become effective.*

**SUBMIT**