



## Automobile Insurance Proposal Request

Please send my personalized rate proposal immediately. I understand that I am under NO OBLIGATION and that the proposal provides me the opportunity to compare Professional Service Associates coverage and rates to my current policy.

COMPLETE EACH QUESTION THOROUGHLY (Please Print)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Years at Current Address \_\_\_\_\_  Own  Rent County \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_ Smoker  Yes  No  
 Spouse's Social Sec. No. \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
 Name of your current Auto Insurance company \_\_\_\_\_  
 Current Policy Expires \_\_\_\_\_ Current Premium \_\_\_\_\_

**AUTOMOBILE INFORMATION:**

Car	Year	Make/Model (Ford/Taurus, Etc.)	Vehicle Identification #	Body Type (2 or 4 door, Wagon, etc.)	4WD 2WD	Estimated Annual Mileage	Airbags (0,1,2)	One Way Distance To Work
1								
2								
3								

(\*\*) If van or pick-up truck give new purchase price: \_\_\_\_\_

**DRIVER INFORMATION:**

Driver Name	Relation	Birthdate			Male or Female	Marital Status	Drivers License Number	S T A T E	Accidents/Violatons Type Month/Year
		Mo.	Day	Yr.					

**COVERAGES YOU HAVE NOW (From Your Current Policy)**

<p style="text-align: center;"><b>Liability</b></p> <p style="text-align: center;">Bodily Injury/Property Damage</p> <p><input type="checkbox"/> \$50/100/25,000</p> <p><input type="checkbox"/> \$100/300/50,000</p> <p><input type="checkbox"/> \$250/500/100,000</p>	<p style="text-align: center;"><b>Medical Payments</b></p> <p><input type="checkbox"/> \$1,000</p> <p><input type="checkbox"/> \$2,000</p> <p><input type="checkbox"/> \$5,000</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center;"><b>Under/Uninsured Motorists</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> State Minimum</p> <p><input type="checkbox"/> Limit equal to Liability Limit</p> <p><input type="checkbox"/> Other _____</p>	
<p style="text-align: center;"><b>Comprehensive</b></p> <p>Car # \$1 00 Ded. \$250 Ded. Other _____</p> <p>1 <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>2 <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>3 <input type="checkbox"/> <input type="checkbox"/> _____</p>	<p style="text-align: center;"><b>Collision</b></p> <p>Car # \$1 00 Ded. \$250 Ded. Other _____</p> <p>1 <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>2 <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>3 <input type="checkbox"/> <input type="checkbox"/> _____</p>	<p style="text-align: center;"><b>Rental Reimbursement</b></p> <p>Car #</p> <p>1 <input type="checkbox"/> _____</p> <p>2 <input type="checkbox"/> _____</p> <p>3 <input type="checkbox"/> _____</p>	<p style="text-align: center;"><b>Towing &amp; Labor</b></p> <p>Car #</p> <p>1 <input type="checkbox"/> _____</p> <p>2 <input type="checkbox"/> _____</p> <p>3 <input type="checkbox"/> _____</p>

If additional information is needed what time may we call? \_\_\_\_\_