

WEST PARK INSURANCE AUTOMOBILE QUOTE FORM

RETIRED: YES/NO
PARSE: YES/NO

DATE: _____ **REFERRED BY:** _____

NAME INSURED(S): _____

ADDRESS: _____ **PHONE: (H)** _____

_____ **(W)** _____

EMAIL ADDRESS: _____ **(C)** _____

CURRENT CARRIER: _____ **PREMIUM:** _____ **EFFECTIVE DATE:** _____

YEARS WITH CURRENT CARRIER: _____

DRIVER NAME	DOB	LICENSE #	SSN	OCCUPATION

YEAR	MAKE	MODEL	VIN#	USE	PRIN OP & % DRIVEN

ALARM: YES/NO - PASS/ACTIVE **AIR BAGS:** NONE 1 2 **AUTO SEATBELTS:** YES/NO **ABS:** YES/NO
DEDUCTIBLES: COMP: _____ **COLLISION:** _____ **TOWING:** 25 50 75 **RENTAL:** 15 20 30
OWN ___ **LEASE** ___ **LEIN** ___ **PURCHASED NEW?** ___ **FULL GLASS?** ___ **AAA MEMBER?** ___

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ACCIDENTS--VIOLATIONS--COMPREHENSIVE LOSSES--SUSPENSIONS WITHIN THE PAST 5 YEARS?

LIABILITY: 15/30/5 25/50/10 50/100/50 100/300/100 250/500/250

PROPERTY DAMAGE: \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

UM/UIM: NONE 15/30 25/50 50/100 100/300 250/500 OTHER: _____

MEDICAL: 5K 10K 25K 50K 100K **FUNERAL:** NONE 1,500 2,500 **ACCIDENTAL DEATH:** NONE 5K 10K 25K

WAGE LOSS: NONE 1/5K 1/15K 1.5/25K 2.5/50K **EXTRAORDINARY MED:** BENEFIT \$1 MILLION: YES NO

TORT: FULL LIMITED **STACKED:** YES/NO