

AUTO INSURANCE QUICK QUOTE FORM

DATE: _____

Name(s) _____ Address: _____

City _____ State _____ Zip _____ Phone: _____

email: _____

Is home address a _____ House _____ Mobile Home _____ Apt. Are you a home owner? _____

Do you drive in Mexico? _____ If yes, how frequently? _____

LIST ALL HOUSEHOLD RESIDENTS AND ANY OTHER DRIVERS OF YOUR CARS WITH A LICENSE OR PERMIT:

Name	DOB	Sex	Mar/Sgl	St. License	How Long?	Occupation	Tickets or Acc.?
1)							
2)							
3)							
4)							
5)							

Tickets count for 3 years; accidents for 5 years. Parking tickets don't count. List at-fault AND not-at-fault accidents. A not-at-fault accident is one where the OTHER driver received the ticket and paid damages on your auto and/or your injuries. Claimed not-at-fault accidents may require supporting proof.

VEHICLE(S) TITLED TO YOU:

Year	Make & Model	VIN #	# of Cyl.	2 or 4 Dr.	4x4?	Alarm?
1)						
2)						
3)						
4)						
5)						

If any vehicle is a Pick-Up with a Camper Shell, separately describe the camper shell & list its value.

If any vehicle has special custom equipment you want to cover, call us for special instructions.

Is any car used for business use such as SALES CALLS, going to CONSTRUCTION SITES, DELIVERING MERCHANDISE OR FOOD, etc.? _____ If yes, describe: _____

Is any car LEASED? _____ If yes which car(s)? _____

CURRENT INSURANCE: Insurance Company _____ Expiration date: _____

How long continuously insured? _____ Any claims in past 3 years? _____ If yes, describe: _____

COVERAGES YOU WANT US TO QUOTE:

___ BI & PD LIABILITY with limits of _____	Auto(s) # _____
___ Comprehensive (other than collision) with DEDUCTIBLE of \$ _____	Auto(s) # _____
___ Collision with DEDUCTIBLE OF \$ _____	Auto(s) # _____
___ Uninsured/Underinsured Motorist Bodily Injury of _____	Auto(s) # _____
___ Uninsured/Underinsured Motorist Property Damage of _____	Auto(s) # _____
___ PIP with Limit of \$ _____	Auto(s) # _____
___ Rental Reimbursement and/or _____ Towing	Auto(s) # _____
___ Accidental Death benefit of \$ _____	Auto(s) # _____

NOTE: See Coverage Information screen for assistance with coverage options.

CAN WE QUOTE OTHER INSURANCE: ___ HOMEOWNERS ___ LIFE ___ HEALTH or MEDICARE PLAN
___ MOTOR HOME/RV ___ MOTORCYCLE ___ TRAVEL TRAILER ___ DENTAL PLAN ___ Other (specify) _____

Return information for quote to us by: email, FAX, MAIL OR Phone in:

AIM Insurance Agency, P.O. Box 370267, El Paso, TX 79937-0267, PHONE 915/598-2355

Email: info@aiminsuranceelpaso.com

FAX: 915/598-8207

PRIVACY STATEMENT: Personal information obtained for your quote is shared only with the insurance companies we ask for quotes and is not sold or divulged to other parties.