



Request for Automobile Insurance Quotation

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Today's Date: _____ Applicants Name: _____ Referred by: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

What is most important to you in your insurance agent and company? _____

E-mail: _____ Fax: _____ Policy Expiration Date _____

Property Address: _____

Mailing Address: _____

Prior Address: _____

Occupation: _____ Employer: _____

Marital Status: Single _____ Married _____ Spouse's Name: _____

Occupation: _____ Employer: _____

Please complete the following information for all household members licensed and not yet licensed.

Full Name	D/O/B	SS#	Drivers Lic.#	M/F	Yr. Licensed	Marital Status

Are there any drivers in the household away at school without a car? If so, please list driver name, college name and location.

Do any drivers qualify for Driver Training Discount? ___ Yes, ___ No. If yes, list driver name (s): _____

Do any drivers qualify for Good Student Discount? ___ Yes, ___ No. If yes, list driver name (s): _____

Do any drivers qualify for Defensive Driver Discount? ___ Yes, ___ No. If yes, list driver name (s): _____

Are any vehicles used in business (real estate, sales, deliveries, etc.) If so, which vehicle (s): _____

Are any vehicles used in farming? If so, which vehicle(s): _____

Any accidents (whether at fault or not at fault) losses, or tickets in the last five years? Please describe: _____

Vehicle Information

Year/Make/Model	Vehicle Identification Number	# of Miles one way to work/school	Primary Driver of this vehicle

Coverage Information

Comprehension Deductible	Collision Deductible	Airbags – Driver Side Only or Both	Alarm Type	Anti-Lock Brakes	Lease or Purchase	Name Vehicle is Titled in

Current/Prior Insurance Information

Do you presently have insurance? ___ Yes, ___ No Insurance Company’s Name _____

Expiration date of coverage: ___/___/___ Are you being cancelled or non-renewed? ___ Yes, ___ No

Reason for prior policy cancellation: Non-Payment Non-Renewal Other: _____

Indicate current limits: Rental Coverage Y / N Towing Y / N

Liability limits

Combined Single
 \$75,000
 \$100,000
 \$300,000
 \$500,000

Split
 25/50/25
 50/100/50
 100/300/100
 250/500/100

Medical Payments

Limits
 \$1,000
 \$5,000
 \$10,000
 \$25,000
 \$50,000

Uninsured/Underinsured Motorist

Combined Single Split
 \$75,000 25/50/25
 \$100,000 50/100/50
 \$300,000 100/300/100
 \$500,000 250/500/100

If you would like additional Personal Liability Coverage, or a Personal Umbrella Policy, please note desired limit you would like quoted from \$1,000,000, up to \$5,000,000 _____

Potter Holden & Company Information Release Form

As part of the application process in obtaining the insurance coverage you are requesting, as agents, we may order one or more consumer reports. A consumer report may contain information on credit history, claims and driving record.

Under the Fair Credit Reporting Act, we, as agents, may review consumer reports to evaluate anyone who applies for insurance within our agency. In the event that coverage is denied to you based wholly or partly on information in a consumer report, you will be notified of this fact, and given the name and address of the consumer reporting agency.

In consideration of the above, your signature below acknowledges your release to order one or more consumer reports.

 Applicant Signature

 Date