



R. W. TROXELL

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INSURANCE CENTER

Auto Insurance Quote Form

This is a request for a quotation for automobile insurance. It is not an application for insurance.

To expedite your quote, please provide the following information.

Name: _____

Spouse's name: _____

Mailing address: _____

Phone numbers: Home: _____ Work: _____ Best time to reach you: _____

Email: _____

Current Policy Information:

Insurance Company: _____ Expiration date: _____ Annual premium: \$ _____

Driver Information:

Do you: own your home/condo? own your mobile home? rent/other?

Have you, or any driver in the household had their license suspended or revoked in the past five years? Yes No

If yes, please explain: _____

How many licensed drivers in the household? _____

Has anybody in the household completed a defensive driving course within the past three years? _____

List all licensed drivers in your household

#	Driver Name	DOB/Age	Sex	Marital Status	Age Licensed	Away At School?	Driver Training?	A/B Grade Point avg?
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____

List Accident (even if someone else was at-fault) / Convictions / Claims (include any fire, theft, glass or vandalism claims) in the past five years.

#	Driver Name	Date	Accident/Conviction/Claim Description	Any bodily injury or deaths?	Payout Amount
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____



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Are any accidents/convictions/claims from the same incident? _____

Has any driver been uninsured for more than 30 days? _____

Vehicle Information:

How many vehicles are in your household? _____

Table with 9 columns: #, Year, Make / Model, Vehicle Identification Number, Safety Devices, Annual Miles, Commute Miles to Work/School, Any Business Use Other Than Commute? (Y/N), Does the vehicle have a lienholder? (Y/N). Rows 1-4.

Are all vehicles garaged at your address? [] Yes [] No

Does any vehicle have an alarm or anti-theft device? [] Yes [] No

Is any auto for which a quote is being requested titled or registered other than the person named above? [] Yes [] No

If so, provide the name of the title holder /registrant. _____

Is any vehicle equipped with racing or speed acceleration equipment? [] Yes [] No

Vehicle Usage:

Table with 5 columns: #Driver Name, License #, State, % of Use (Vehicle 1, Vehicle 2, Vehicle 3, Vehicle 4). Rows 1-6.

Please attach a copy of your current policy declaration page.

This is not an application for insurance. This form is only an attempt to gather some of the information necessary to begin your quote. Actual information used may vary by state.

As allowed by law, we will order credit and other consumer reports from consumer reporting agencies to underwrite and rate your policy. These may include, without limitation, driving records, claim history reports and credit-based insurance scores.