

PLEASE FAX TO 717-566-6580 or SCAN/EMAIL to quote@kreidersmithins.com

PERSONAL AUTO INSURANCE – Request for Quote (Page 1 of 2)

Primary Insured Name _____

Spouse's Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone: (H) _____ **(W)** _____ **(mobile)** _____

Email: _____

Do you own or rent your home? Own Rent

Driver info and other persons in household, whether licensed or not:

Full Name	Date of Birth	DL # and State (if not PA)	Occupation	Daily 1-way commute	Primary vehicle
Primary Insured					
Spouse					

Vehicle Information:

#	Year	Make	Model	Vehicle Identification Number	Loan/Lease?

List ANY accidents (at-fault or not-at-fault), violations, and claims in the past 3 years:

Driver	Basic Description of Accident/Violation/Claim	Month/Year

I understand that Kreider & Smith Insurance Agency and their affiliated carriers may gather personal information to prepare quotations. This information may include driving history, financial responsibility, and other data as needed. All data collected shall remain confidential. By signing below, I authorize the collection of this information.

Signature of Primary Applicant

Date

Signature of Spouse

Date

PLEASE FAX TO 717-566-6580 or SCAN/EMAIL to quote@kreidersmithins.com

PERSONAL AUTO INSURANCE – Request for Quote (Page 2 of 2)

Any vehicles NOT principally kept at the home address? Describe:

Any operators away at school 100 or more miles WITHOUT a vehicle? Describe:

CURRENT INSURANCE INFORMATION:

Insuring Company: _____ Expiration Date: _____

Tort Option: Full Limited (circle one)

Bodily Injury Liability _____ per person _____ per accident OR _____ CSL
Property Damage Liability _____ per accident

Uninsured Motorist Liability _____ Stacked Non-stacked (circle one)
Underinsured Motorist Liability _____ Stacked Non-stacked (circle one)

First Party Benefits: Medical _____ Income/Work Loss _____
Acc Death _____ Funeral _____ Extraordinary Medical _____

Vehicle coverages and Comprehensive/Collision deductibles:

Vehicle	Comp Ded	Collision Deductible	Towing	Rental Reimbursement	Loan/Lease or Repair/Replace

Additional Information that will help us complete your request:

PLEASE FAX TO 717-566-6580 or SCAN/EMAIL to quote@kreidersmithins.com