Phone: _____ Today's Date: _____
Email: _____

Auto Quote Worksheet

How did you hear about Emaly Riojas State Farm Agency?

What is the most important qualities you look for when choosing insurance?

How often do you shop for insurance? Yearly / Less than Yearly

Will it be important for you to be able to talk to your agent in person? Y / N

Do you have insurance policies with separate companies? Y / N

Street: _____ City: _____ State: _____ Zip: _____

Rent / Own: Has Renters / Homeowners / None **NEED SSN FOR FIRE POLICY QUOTES

Commercial: Do you own a business? Y / N If Yes, What do you do? _____

When does your contract Expire with your current insurance company?

Name(s) of All Household Drivers:

1) Name: _____ BD: ____ / ____ DL#: _____ (SSN: ____ - ____ - ____)

2) Name: _____ BD: ____ / ____ DL#: _____ (SSN: ____ - ____ - ____)

3) Name: _____ BD: ____ / ____ DL#: _____ (SSN: ____ - ____ - ____)

4) Name: _____ BD: ____ / ____ DL#: _____ (SSN: ____ - ____ - ____)

Vehicles Tell me about your vehicles...

1) Year: _____ Make: _____ Model: _____ VIN: _____

2) Year: _____ Make: _____ Model: _____ VIN: _____

3) Year: _____ Make: _____ Model: _____ VIN: _____

4) Year: _____ Make: _____ Model: _____ VIN: _____

Coverage (Full coverage = Comprehensive and Collision)

- ☐ A (Liability Limits): ____/____/____
- ☐ D (Comp): 0 100 250 500 1000
- ☐ G (Collision): 250 500 1000

V1: ☐ Full ☐ Liability Only **V2:** ☐ Full ☐ Liability Only **V3:** ☐ Full ☐ Liability Only **V4:** ☐ Full ☐ Liability Only

Additional Vehicles Info

1) Purchase Date: _____ Lien: Y / N Lienholder: _____ Refi: Y / N

2) Purchase Date: _____ Lien: Y / N Lienholder: _____ Refi: Y / N

3) Purchase Date: _____ Lien: Y / N Lienholder: _____ Refi: Y / N

4) Purchase Date: _____ Lien: Y / N Lienholder: _____ Refi: Y / N

Has anybody had any Tickets or Accidents in last 3 years?

N / Y -Tickets: _____

N / Y -Accidents: _____

Discounts: GSD (U 25) Drivers' ED (U 21) SCD (U 25) Ann. Mileage: _____ Def. Drvr (O 55)

Current Insurer: _____ **PAYMENT PROTECTOR INCLUDED?**

How many years have you been with them? Years: _____

TEAM MEMBER NAME: _____ QUOTE #: _____