

# AUTO QUOTE INFORMATION



PO Box 1510 – 806 W 9<sup>th</sup> ST  
 Libby, MT 59923  
 406-293-6244/866-293-6244  
[www.glacierins.com](http://www.glacierins.com)  
[agency@glacierins.com](mailto:agency@glacierins.com)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Date \_\_\_\_\_ Where did you hear about us? \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Physical Address Cars kept \_\_\_\_\_  
 How would you prefer our quarterly newsletter?  Email  Mail  None \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Current auto insurance \_\_\_\_\_ Expires \_\_\_\_\_ Premium \$ \_\_\_\_\_ (annual/6 month)  
 Policy # \_\_\_\_\_ Years with current insurance company \_\_\_\_\_ Years living at current home \_\_\_\_\_  
 Prior address \_\_\_\_\_

**PLEASE LIST ALL LICENSED DRIVERS LIVING IN HOUSEHOLD:**

<u>Name:</u>	<u>License #/State:</u>	<u>Social Security #:</u>	<u>DOB:</u>	<u>Sex:</u>	<u>Miles to Work:</u>	<u>Car Driven:</u>	<u>Highest Level School:</u>	<u>Current GPA:</u>	<u>Drivers Training?</u>	<u>Defensive Driving Cert?</u>

- List vehicles that are financed: \_\_\_\_\_ / Leased \_\_\_\_\_
- Are any vehicles used for delivery/what? \_\_\_\_\_ Do you have a business vehicle provided for you to drive? \_\_\_\_\_
- List any customized equipment or electronic equipment and which car it is on: \_\_\_\_\_
- Have you been declined, cancelled, or refused to renew by an insurance company? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Have you declared bankruptcy? Year/Explain \_\_\_\_\_
- Insured occupation and employer \_\_\_\_\_ For how long \_\_\_\_\_ Married: YES/NO
- Spouse/Partner Name \_\_\_\_\_ Occupation \_\_\_\_\_ For how long \_\_\_\_\_
- Do you rent or own a home? \_\_\_\_\_ Current home insurance company \_\_\_\_\_  
 Type of home: FRAME, LOG, MODULAR, MOBILE (Age of mobile \_\_\_\_\_)
- Are you the registered owner of all vehicles being quotes? \_\_\_\_\_ If no, explain: \_\_\_\_\_
- Do you have any vehicles with damage? \_\_\_\_\_ Explain: \_\_\_\_\_

10. What are you current policy liability limits? \_\_\_\_\_

11. What limits do you want quoted? \_\_\_\_\_

12. List any accidents/violations/citations/claims for any drivers in your household within the last 5 years:

<u>Driver:</u>	<u>Date:</u>	<u>Description:</u>	<u>At Fault?</u>	<u>Amount paid out:</u>

<u>Year:</u>	<u>Make/model:</u>	<u>Vin #:</u>	<u>Value:</u>	<u>Comp deductible</u>	<u>Collision deductible</u>	<u>Towing?</u>	<u>Rental?</u>

**NOTICE OF INSURANCE INFORMATION PRACTICES: (please read and sign below)**

- a. There are times when insurance companies will collect information about a person through public records or other sources.
- b. This information is treated confidentially. However, customer information may be shared with others when it is appropriate or required under law. This usually involves such people or organizations as agents, company underwriters, independent claims adjusters, government offices which may subpoena records, or insurance support organizations which gather data to help prevent insurance crimes.
- c. Our customers may see certain information about themselves in the insurance company files (as allowed by law) and may request corrections of any inaccuracies.
- d. If the customer would like to receive more detailed description of their rights and the procedures the insurance company follow regarding information in their files, you may request that the insurance company send one.

***I have read and understand the above statements. All information and statements given on this form and to the agent are true, complete, and correct to the best of my knowledge. Signed \_\_\_\_\_ Date \_\_\_\_\_***

*This form is not an application and in no way binds coverage. Please return to an agent at Glacier Insurance of Libby for a quote. Thank you!*

