



Mitchell & Mitchell Vehicle Insurance Plan Quote Request

1. PERSONAL INFORMATION

Name: _____ Telephone (days): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Your Occupation: _____ Spouse's Occupation: _____
 Years with current employer: You: _____ Spouse: _____
 Years with previous employer: You: _____ Spouse: _____
 Do you own your home? Yes No How long at present address? _____
 If 3 Years or less, How long at previous address?
 Home Address if Different than above

Present Insurance Co. _____

 (If none, Explain)
Current Policy Expires
 Mo. Day Year

2. PASSENGER CAR & TRUCK INFORMATION

VEHICLE	YEAR	MAKE (Chevy/Ford)	MODEL (Lumina/Taurus)	SUBMDL (GS, XL, SI)	BODY (4 Dr./Wagon)	CYL	COST NEW	DRIVEN TO		EST. ANN. MILES
								WORK/SCHOOL		
1								Miles 1 Way	Days per week	
2								Miles 1 Way	Days per week	
3								Miles 1 Way	Days per week	
4								Miles 1 Way	Days per week	
VEHICLE	ANY EXISTING DAMAGE TO VEHICLE?		KEPT AT RESIDENCE?	EQUIPPED W/ ANTI-LOCK BRAKES?	EQUIPPED W/ ANTI-THEFT DEVICE?	EQUIPPED W/AUTOMATIC SEATBELTS OR AIRBAGS?				
1	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's Side Only <input type="checkbox"/> Both Front Seat Positions				
2	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's Side Only <input type="checkbox"/> Both Front Seat Positions				
3	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's Side Only <input type="checkbox"/> Both Front Seat Positions				
4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's Side Only <input type="checkbox"/> Both Front Seat Positions				

3. DRIVER INFORMATION (LIST ALL DRIVERS IN HOUSEHOLD)

NAME OF DRIVER	BIRTH DATE	SEX	MARITAL STATUS	DRIVERS LIC #	YRS LIC	PERCENTAGE OF USE			
						VEH #1	VEH #2	VEH #3	VEH #4
						%	%	%	%
						%	%	%	%
						%	%	%	%
						%	%	%	%
TOTAL						100%	100%	100%	100%

4. ACCIDENT HISTORY & TRAFFIC VIOLATIONS

Has any driver had a license revoked? Yes No

If Yes, Who, When & Why? _____

Any moving Traffic Violations or Accidents in the past 3 years? Yes No

If Yes, List and Describe in space provided below.

DRIVER	DATE	AMOUNT OF DAMAGE	DESCRIPTION OF ACCIDENT OR TRAFFIC VIOLATION <small>(If Alcohol or drug related, explain)</small>	ANYONE INJURED
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. CURRENT COVERAGE'S

Bodily Injury Liability	Per Person/Per Occurrence <small>(i.e. 100/300, 250/500)</small>	
Property Damage Liability	Per Occurrence	
Medical Payments		
Un-insured Motorists Liability	Per Person/Per Occurrence <small>(i.e. 100/300, 250/500)</small>	
Comprehensive Deductible		
Collision Deductible		
Rental Coverage		<input type="checkbox"/> Yes <input type="checkbox"/> No
Towing Coverage		<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Statement: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE.

Signature _____

Date _____

Questions? Call toll free 1-800-995-0060
 For a Faster Quote, Fax this form to 1-415-883-7752

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