

Clear Form



Ph: (248)698-7600
Fax: (248)698-7634
Email: admin@selectunderwriters.com

AUTO QUOTE FORM

First Named Insured: _____ Phone: _____ Email: _____

Spouse/Second Insured: _____ Phone: _____ Email: _____

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

Occupation: _____ First Named Insured SSN: _____

Marital Status: _____ Length of Time at Residence: _____ Years _____ Months Spouse/Second Insured SSN: _____

If Less Than 12 Months, Previous Address: _____

Propose Effective Date: _____ Prior Insurance Carrier: _____ Time with Prior Carrier (yrs): _____ Expiration Date: _____

Liability Limit (\$): _____ Monthly/Annual Premium (\$): _____ Do You Own or Rent? _____

Any Major or Minor Violations in the last 5 years? (explain): _____

Any "AT FAULT" Accidents in the last 5 years (explain): _____

Any "NOT AT FAULT" Accidents in the last 5 years? (explain): _____

Is Any Vehicle Used For Ride Sharing Operations such as UBER or Lyft? _____ Current Payment Plan: _____

DRIVER INFORMATION

	Name	Relationship	DOB	Sex	SS#	License #	State	Profession	Education	GSD*
1										
2										
3										
4										
5										
6										

*Good Student Discount (GSD) – Driver has at least 3.0 GPA

VEHICLE INFORMATION

	Year	Make	Model	VIN	Usage: Pleasure, Commute, Business, or Ride Sharing	Miles One Way	Annual Miles	Own or Financed	Name Of Lender	Purchase Date
1										
2										
3										
4										
5										
6										
7										

If first or second named insured are not the registered title owners of the vehicles listed, please explain.

COVERAGE OPTIONS

Bodily Injury Limit (\$):	Uninsured/Underinsured Limit (\$):
Property Damage Limit (\$):	Personal Umbrella: _____
Personal Injury Protection Limit (\$):	Desired Umbrella Limit (\$ Million):
Comprehensive Deductible (\$):	Repair / Replace Coverage:
Collision Deductible (\$): Collision Type:	Lienholder Info:
Towing Limits (\$): Full Glass Coverage:	Lienholder Info:
Rental Limits (\$): GAP Coverage:	Lienholder Info:

How did you hear about Select Underwriters? Please

forward form to: Ph: (248)698-7600 ext.211

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