



4299 Five Oaks Drive
 Lansing, MI 48911
 Phone: (517) 482-7900
 Fax: (517) 482-1696

CAPITAL INSURANCE SERVICES

www.capitalinsurance.com

Automobile Quote Sheet

Name: _____ Spouse Name (if applicable): _____
 Phone: _____ E-Mail: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of birth: ___/___/___ SSN*: _____ (Spouse) Date of birth: ___/___/___ SSN*: _____
 Driver's license#: _____ (Spouse) Driver's license#: _____

Youthful Drivers:

Name: _____ Date of birth: ___/___/___ Driver's license#: _____
 Name: _____ Date of birth: ___/___/___ Driver's license#: _____
 Name: _____ Date of birth: ___/___/___ Driver's license#: _____

Vehicle Information					
Car	Year	Make/Model	Vehicle Identification #	Miles to work	Vehicle Usage
1					
2					
3					
4					
5					

Current Limits of Liability: (Listed in thousands)

Bodily Injury: _____ Property Damage: _____
 Underinsured / Uninsured Motorist: _____

Coverages					
	Car 1	Car 2	Car 3	Car 4	Car 5
Liability Only					
Comprehensive Deductible					
Collision Deductible					
Towing Coverage					
Car Rental					

Do you have health insurance? _____ Carrier name: _____

Do you have disability insurance through employer? _____ Carrier name: _____

Do you belong to any groups, credit unions or professional organizations? _____

Current automobile carrier: _____ Expiration date: _____

**Your social security number will only be used for obtaining an insurance score only and is necessary to give you an accurate quote. This has no impact on your credit score.*