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CAPITAL INSURANCE SERVICES

www.capitalinsurance.com

Classic 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: List any youthful drivers who may drive the vehicle

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

Vehicle Information					
Car	Year	Make/Model	Vehicle Identification #	Actual Cash Value	Plated Historic or Regular
1					
2					
3					

How many regular use vehicles in the household? _____

Current Limits of Liability: (Listed in thousands)

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

Coverages			
	Car 1	Car 2	Car 3
Comprehensive Deductible			
Collision Deductible			
Towing Coverage			

Do you have health insurance? _____ Carrier name: _____
 Do you have disability insurance through employer? _____ Carrier name: _____
 Do you belong to any collector vehicle clubs or associations? _____

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.*