

Greater Insurance Service Auto Quote Sheet

Insured's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Spouses Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Current Auto Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Current Liability Limits \_\_\_\_\_ Limits to Quote \_\_\_\_\_  
 Who Referred You To The Agency \_\_\_\_\_  
 Email Address \_\_\_\_\_

<i>Driver Name/Relation</i>	<i>Social Security #</i>	<i>Birthday</i>	<i>D.L. Number</i>
1.			
2.			
3.			
4.			

<i>Vehicle Year</i>	<i>Make</i>	<i>Model</i>	<i>Vehicle Identification Number</i>
1.			
2.			
3.			
4.			

<i>Pleasure, Work or Business Miles 1 way</i>	<i>Comp Deductible 250/500/1000</i>	<i>Collision Deductible 250/500/1000</i>	<i>Full Glass Yes or No</i>	<i>Towing/Rental Reimbursement</i>
1.				
2.				
3.				
4.				

<i>Violations/Accidents</i>	<i>HS Diploma or College Degree</i>	<i>Occupation/Employer</i>
1.		
2.		
3.		
4.		

<i>Good Student Discount 3.0 GPA or Better</i>	<i>Accident Prevention Course Date</i>	<i>Vehicle purchase date ex. 01/17 Purchased new or used</i>
1.		
2.		
3.		
4.		

**Current Auto Premium: \$**

**How do you like to pay your bill? Full pay or Monthly - EFT or Direct Bill By Mail**