

Greg White & Associates Auto Insurance Quote Form

Personal Information

Name: _____
Birthday: _____
Social Security #: _____
Address: _____

Spouse: _____
Birthday: _____
Social Security #: _____
Phone #: _____

Additional Drivers:

Name: _____
Birthday: _____
Social Security #: _____

Name: _____
Birthday: _____
Social Security #: _____

Prior Insurance

Current Insurance: Yes _____ No _____

Full Coverage: Yes _____ No _____

Rental Car: Yes _____ No _____

Towing: Yes _____ No _____

Deductibles (please circle)

Comprehensive: 100 200 500 750

Collision: 200 500 750

Standard Broadform Limited

Vehicle Information

Vehicle #: _____
Vehicle #: _____
Vehicle #: _____
Vehicle #: _____
Vehicle #: _____

Miles to school/work: _____
Miles to school/work: _____
Miles to school/work: _____
Miles to school/work: _____
Miles to school/work: _____

Driving History

Any tickets or accidents for any of the above drivers in the past 5 years? Please explain:

Additional Quotes

Would you like a home insurance quote? Yes _____ No _____

Would you like a life insurance quote? Yes _____ No _____

Please Fax back to us at (517) 487-1439
Mail back to us at 120 S. Detroit St. Lansing MI 48912
Or E-mail back to us at gwhite3@farmersagent.com