



Auto Insurance Quote

"Serving The Valley Since 1911"

220 E. Tom Landry • Mission, TX 78572
Ph: (956) 581-2183 • Fax: (956) 581-4226

GENERAL INFORMATION

Type of Coverage: Commercial Personal

Full Name: _____

D.O.B.: (MM/DD/YY) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-Mail: _____

Do you currently have auto insurance? Yes No

How many months have you had current policy? _____

Insurance Company: _____

Policy Expires: (MM/DD/YY) _____

VEHICLE INFORMATION

Vehicle 1:

Make (Honda): _____ Model (Accord): _____ Year: _____

Body Style: 2 Door 4 Door Van Pick-Up Recreational

Discounts: Anti-lock Brakes Airbags Anti-Theft

If Truck or Van, price paid: _____

Purchased new? Yes No

Deductibles:

Comprehensive: \$100 \$250 \$500 \$1,000

Collision: \$100 \$250 \$500 \$1,000

Reimbursement:

Rental Car: (Per day) \$20 \$25 \$30 \$35

Towing: (Per occurrence) \$40 \$80 \$120

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Vehicle 2:

Make (Honda): _____ Model (Accord): _____ Year: _____

Body Style: 2 Door 4 Door Van Pick-Up Recreational

Discounts: Anti-lock Brakes Airbags Anti-Theft

If Truck or Van, price paid: _____

Purchased new? Yes No

Deductibles:

Comprehensive: \$100 \$250 \$500 \$1,000

Collision: \$100 \$250 \$500 \$1,000

Reimbursement:

Rental Car: (Per day) \$20 \$25 \$30 \$35

Towing: (Per occurrence) \$40 \$80 \$120

Vehicle 3:

Make (Honda): _____ Model (Accord): _____ Year: _____

Body Style: 2 Door 4 Door Van Pick-Up Recreational

Discounts: Anti-lock Brakes Airbags Anti-Theft

If Truck or Van, price paid: _____

Purchased new? Yes No

Deductibles:

Comprehensive: \$100 \$250 \$500 \$1,000

Collision: \$100 \$250 \$500 \$1,000

Reimbursement:

Rental Car: (Per day) \$20 \$25 \$30 \$35

Towing: (Per occurrence) \$40 \$80 \$120

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COVERAGE

Liability Limits:

Bodily Injury: \$20,000/\$40,000 \$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$100,000
 \$100,000/\$300,000 \$250,000/\$500,000 \$300,000/\$300,000 \$500,000/\$500,000
 \$500,000/\$1,000,000

Property Damage: \$15,000 \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 None

Uninsured Motorist:

Bodily Injury: \$20,000/\$40,000 \$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$100,000
 \$100,000/\$300,000 \$250,000/\$500,000 \$300,000/\$300,000 \$500,000/\$500,000
 \$500,000/\$1,000,000

Property Damage: \$15,000 \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 None

Personal Injury Protection: \$2,500 \$5,000 \$10,000 \$25,000

DRIVER INFORMATION

	Driver #1		Driver #2			Driver #3			
FULL NAME	_____		_____			_____			
D.O.B.	_____		_____			_____			
MARITAL STATUS	_____		_____			_____			
OCCUPATION	_____		_____			_____			
DRIVE TO WORK/SCHOOL	Yes	No	Yes	No	Yes	No	Yes	No	
VEHICLE DRIVEN	#1	#2	#3	#1	#2	#3	#1	#2	#3
List any accidents, violations or claims any driver has had in last 3 years: (include not at fault and weather related)									

