

R F P - REQUEST FOR PROPOSAL

Date _____

Dear Insurance Agent:

I am interested in receiving a quote from you to insure a vehicle that I now own / am about to purchase.

Please take careful notice that for each driver of this vehicle, I have submitted a separate "Driver Information Form." If there are no other driver information forms attached, then I am the only driver that will drive this vehicle during the policy period unless my situation changes.

Please complete the form in its entirety. A blank line will indicate to me that you do not offer this coverage. To assist getting a prompt reply from you, I have enclosed a self-addressed stamped envelope, or you can email me your quote to me at _____.

If you have any questions, I invite your call and I look forward to your prompt response.

Respectfully submitted,

Owner

DRIVER INFORMATION

Mr. / Mrs. / Ms. / Dr.

Last _____ First _____ Initial _____

Address _____

City _____ State _____ Zip _____

Phone: Day (____) _____ - _____ Eve (____) _____ - _____

SSN ____-____-____ DOB ____/____/____ [] Male [] Female

Single [] Divorced [] Married []

My _____ State Driver’s License No. is _____ Age first licensed _____

Occupation _____

I have worked at my present job for [] years.

I am presently insured with _____ Insurance Co.

My present insurance expires on ____/____/____.

I expect to drive this vehicle _____ percent of the time insured.

I drive this vehicle _____ miles one-way to work daily.

Last year I drove a total of _____ miles.

I expect to drive this vehicle _____ miles during the next 12 months.

I do / do not use this vehicle for business purposes.

I have had driver training in the last 3 years. [] Y [] N

I have had [] vehicles stolen in the last 5 years.

I have been involved as a driver in [] crashes in the last 5 yrs.

I have been given [] traffic violations in the last 5 years.

I have ____ points on my license.

I [] Own my home [] Rent [] Live with parents [] Other.

VEHICLE INFORMATION

Year _____ Make _____ Model _____

Sub Model _____ Vehicle ID # _____

2 door 4 door Van SUV Pickup Convertible

Other _____

This vehicle is equipped with;

Driver air bag Passenger air bag Curtain air bags Passive Alarm

Automatic Seat Belts Anti-Theft Device Anti-lock brakes

Traction Control All-wheel drive

Alarm system: _____

Other: _____

At night vehicle is kept;

on street driveway carport garage secured parking lot

Its current odometer reading is: _____

I have current photos of this vehicle to attest to these statements Y/ N

This vehicle does / does not have damages valued at more than \$200.00.

Comments:

Coverage List

Based on the driver's information above, please provide a price on each of the line items below. When returned, I will choose the coverage I want after you provide a price for each line item. If you do not sell the insurance as requested, please mark that line item N/A (not available).

Please quote for a period of one year. ANNUAL PREMIUM

General Liability = Bodily Injury, property damage

50/100/50 \$ _____
100/300/50 \$ _____
300/500/100 \$ _____

Un-insured Motorist

50/100/50 \$ _____
100/300/50 \$ _____
300/500/100 \$ _____

Under-insured Motorist

50/100/50 \$ _____
100/300/50 \$ _____
300/500/100 \$ _____

Personal Injury Protection a/k/a No Fault

Insured: Circle one before submitting.
\$50,000, \$100,000, \$300,000, \$500,000 \$ _____

Physical Damage

Deductible - Circle the deductible wanted. Only one per line
Collision - \$500/\$1,000 deductible \$ _____
Full glass coverage / no deductible \$ _____
Comprehensive - \$250 /500 /\$1,000 ded. \$ _____
Towing and labor / \$50 per occurrence \$ _____
Rental reimbursement / \$____ daily \$ _____
Stated value in the amount of \$ _____ \$ _____

Please call me at _____ or email me at _____ with any question regarding this Request for Proposal. Thank you.