



**First Heritage Insurance Services Inc.**

Automotive Policy Quoting Worksheet

Taken By: \_\_\_\_\_

Agent Assigned To: \_\_\_\_\_

CSR Assigned To: \_\_\_\_\_

Date Information Obtained: \_\_\_\_\_



**Contact & Underwriting Information**

Name: \_\_\_\_\_

Garaging Address: \_\_\_\_\_ City: \_\_\_\_\_, FL \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Phone #s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_ Referred By: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Total # of Drivers In Household: \_\_\_\_\_ Homeowner: Y N Renter: Y N THIG Policyholder? Y N

Bankruptcy / Judgment / Repossession / Foreclosure Current Insurer: \_\_\_\_\_ Premium: \_\_\_\_\_

**Driver Information**

**Primary Driver** . . . . .

Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Accidents: \_\_\_\_\_

Violations: \_\_\_\_\_

**Secondary Driver** . . . . .

Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Accidents: \_\_\_\_\_

Violations: \_\_\_\_\_

**Tertiary Driver** . . . . .

Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Accidents: \_\_\_\_\_

Violations: \_\_\_\_\_

**Quaternary Driver** . . . . .

Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Accidents: \_\_\_\_\_

Violations: \_\_\_\_\_

**Vehicle Information**

**Vehicle #1** . . . . .

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Vin #: \_\_\_\_\_

Cost New: \_\_\_\_\_ ABS-4 Wheels?

Airbags 2 / 4 Door Cylinders: \_\_\_\_\_ 2WD / 4WD

Alarm (Passive / Active) Owned / Leased \_\_\_\_\_

Vehicle Usage: \_\_\_\_\_ Annual Mileage: \_\_\_\_\_

**Vehicle #2** . . . . .

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Vin #: \_\_\_\_\_

Cost New: \_\_\_\_\_ ABS-4 Wheels?

Airbags 2 / 4 Door Cylinders: \_\_\_\_\_ 2WD / 4WD

Alarm (Passive / Active) Owned / Leased \_\_\_\_\_

Vehicle Usage: \_\_\_\_\_ Annual Mileage: \_\_\_\_\_

**Vehicle #3** . . . . .

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Vin #: \_\_\_\_\_

Cost New: \_\_\_\_\_ ABS-4 Wheels?

Airbags 2 / 4 Door Cylinders: \_\_\_\_\_ 2WD / 4WD

Alarm (Passive / Active) Owned / Leased \_\_\_\_\_

Vehicle Usage: \_\_\_\_\_ Annual Mileage: \_\_\_\_\_

**Vehicle #4** . . . . .

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Vin #: \_\_\_\_\_

Cost New: \_\_\_\_\_ ABS-4 Wheels?

Airbags 2 / 4 Door Cylinders: \_\_\_\_\_ 2WD / 4WD

Alarm (Passive / Active) Owned / Leased \_\_\_\_\_

Vehicle Usage: \_\_\_\_\_ Annual Mileage: \_\_\_\_\_

**Current Coverage**

Bodily Injury / Property Damage: \_\_\_\_\_ PIP: \_\_\_\_\_

Medical Payments: \_\_\_\_\_ Uninsured Motorist: \_\_\_\_\_

Comprehensive: \_\_\_\_\_ Collision: \_\_\_\_\_ Towing: \_\_\_\_\_ Rental: \_\_\_\_\_

Auto Club Member: \_\_\_\_\_ Misc. Coverages & Notations: \_\_\_\_\_

**Auto Companies**

THIG AIG Progressive Bristol West Universal GMAC