

Three Offices To Serve You

EDWARDSVILLE
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Total Control Control

GREENVILLE

Auto Quote Form

Name:	 						
Address:	City:	State: Zip:					
Phone: HomeCell_		Work	····				
Email:	mail: Preferred contact:						
Do you your residence? Drivers in the h	ousehold:						
Currently insured? Current company?	How long?	years Expiration Date:					
Driver #1: DOB:	SS#	DL#	State:				
Marital Status: Occupation:	Good student	discount? (GPA 3.0)					
College Degree: From?		 					
Any tickets or accidents (in the last 5 years)?	If YES, please add details at the end of this form.						
Driver #2: DOB:	SS#	DL#	State:				
Marital Status: Occupation:	Good student	discount? (GPA 3.0)					
College Degree: From?		 					
Any tickets or accidents (in the last 5 years)?	If YES, please	e add details at the end of this form.					
Driver #3: DOB:	SS#	DL#	State:				
Marital Status: Occupation:	Good student	discount? (GPA 3.0)					
College Degree: From?							
Any tickets or accidents (in the last 5 years)?	If YES, please						
Driver #4: DOB:	SS#	DL#	State:				
Marital Status: Occupation:	Good student	Good student discount? (GPA 3.0)					
College Degree: From?		 					
Any tickets or accidents (in the last 5 years)?	If YES, please	e add details at the end of this form.					
Auto #1 Year: Make:	Model:	VIN:					
Leased: Loan: Used by:	Usage: Miles	s to work or school (one way):					
Alarm System: Airbags:	Antilock brakes:						

Auto #2	Year:	Make:	Model:_		_ VIN:			
Leased:	Loan	: Used by:	Usage:	Miles to work	c or school (one way):_			
Alarm Sy	vstem:	Airbags:	Antilock bra	akes:				
Auto #3	Year:	Make:	Model:	·	VIN:			
Leased:	Loan	: Used by:	Usage:	Miles to work	c or school (one way):_			
Alarm Sy	vstem:	Airbags:	Antilock bra	akes:				
Auto #4	Year:	Make:	Model:	1	VIN:			
Leased:	Loan	: Used by:	Usage:	Miles to worl	c or school (one way):_			
Alarm Sy	vstem:	Airbags:	Antilock bra	akes:				
Choose your coverage								
Policy \	Wide Cover	ages						
				Liability				
			Property Dan	nage Liability				
Medical Payments								
Uninsured/Underinsured Motorist								
			Auto #1	Auto #2	Auto #3	Auto #4		
(Plea	Comprehen ase choose a d							
(Plea	Collision ase choose a d							
R	loadside Ass	istance						
Rer	ntal Car Cove	rage						
	s/Additional on:							