

# Univision Solutions

2775 Cruse Rd, Suite# 202, Lawrenceville GA 30044

Ph: (770)817-700 Fax: (770)817-7001

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## Auto Insurance Quote Form

### Applicant(S) Information:

#### Applicant #1

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

#### Applicant #2

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

#### Garaging Location (if different than above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence:  Owned  Rented

#### Existing coverage:

Do you or anyone applying for coverage have any Auto insurance coverage **currently** in force?      No  
Yes

- If **YES**, please supply the following for all applicants applying for coverage on the policy:

Auto Insurance Carrier Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

How long have you been insured with this company? \_\_\_\_\_

- If **NO**, please answer the following question:

Have you or anyone applying for coverage had Auto insurance coverage within the **past**

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24 months?    No    Yes

**Please list all licensed drivers living in your household including yourself:**

Full Name	Date of Birth	DL#	SSN#

**Please list all the Vehicles:**

Year	Make	Model	Vin#	Coverage (Full/ liability)

**Please provide details of any incidents for any of the drivers:**

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**Coverage Limits Requested:**

Liability (per person):  \$50,000  \$100,000  \$250,000  \$500,000  Other \_\_\_\_\_

Liability (per occurrence):  \$100,000  \$300,000  \$500,000  \$1,000,000  Other \_\_\_\_\_

Property Damage Liability:  \$15,000  \$25,000  \$50,000  \$100,000  Other \_\_\_\_\_

Uninsured/Underinsured Motorist:  \$25K/50K/25K  \$50K/100K/50K  Other \_\_\_\_\_

Medical Payments:  \$2,000  \$5,000  Rejected  Other \_\_\_\_\_

Comprehensive Deductible:  \$250  \$500  \$1000  Other \_\_\_\_\_

Which vehicles?  
\_\_\_\_\_

Collision Deductible:  \$250  \$500  \$1000  Other \_\_\_\_\_

Which vehicles?  
\_\_\_\_\_

Rental Reimbursement: No Yes

Roadside Assistance: No Yes

**ADDITIONAL INFORMATION:**

Referred by: \_\_\_\_\_

We offer a full line of insurance products. Are you interested in talking to us about any of the following?

€Homeowners Insurance

€Life Insurance

€Business Insurance

Signature: