

AUTO QUOTE

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

How long at this address \_\_\_\_\_

How did you hear about us: Website Social Media Florence Freedom Radio/TV Referral

If Referral, who referred you \_\_\_\_\_ Referred to \_\_\_\_\_

	Driver 1	Driver 2	Driver 3	Driver 4
Name	_____	_____	_____	_____
DOB	_____	_____	_____	_____
SS	_____	_____	_____	_____
License #	_____	_____	_____	_____
Acc/Vio/DUI	_____	_____	_____	_____
Last 5 yrs	_____	_____	_____	_____

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
VIN	_____	_____	_____	_____
Full/Liability	_____	_____	_____	_____
Lienholder	_____	_____	_____	_____

Type of Use                      Pleasure                      Work

Coverages

Bodily Injury \_\_\_\_\_

Property Damage \_\_\_\_\_

PIP \_\_\_\_\_

Uninsured Motorist \_\_\_\_\_

Underinsured Motorist \_\_\_\_\_

Comprehensive \_\_\_\_\_

Collision \_\_\_\_\_

Towing \_\_\_\_\_

Loss of Use \_\_\_\_\_

Previous insurance carrier \_\_\_\_\_

For how long \_\_\_\_\_

Any comments or questions

---

---

---

---

---



**CORNERSTONE**  
INSURANCE