

QUICK QUOTE
Tamarack Insurance



YOUR INFORMATION:

First Name (#1) _____ Last name _____ Driver's Lic. _____ DOB: _____
Address: _____ (#) _____ City: _____ ST: _____ Zip: _____
Phone # _____ Email: _____ College Degree (Y/N) ___ Occupation _____
First Name (#2) _____ Last name _____ Driver's Lic. _____ DOB: _____
Address: _____ (#) _____ City: _____ ST: _____ Zip: _____
Phone # _____ Email: _____ College Degree (Y/N) ___ Occupation _____

AUTO INSURANCE:

Car #1 Year: ___ Make: _____ Model: _____ (or...VIN _____)

Desired Liability Limits (25k, 50k, 100k, 250k, 300k, 500k, other) _____
If you want collision cov., what deductible? (\$250, \$500, \$1000, Other?) _____
If you want comp cov, what deductible ?(\$250, \$500, \$1000, Other?) _____
Medical Payment Coverage for others (1000, 2000,3000,4000,5000) _____

Car #2 Year: ___ Make: _____ Model: _____ (or...VIN _____)

Desired Liability Limits (25k, 50k, 100k, 250k, 300k, 500k, other) _____
If you want collision cov., what deductible? (\$250, \$500, \$1000, Other?) _____
If you want comp cov, what deductible ?(\$250, \$500, \$1000, Other?) _____
Medical Payment Coverage for others (1000, 2000,3000,4000,5000) _____

Car #3 Year: ___ Make: _____ Model: _____ (or...VIN _____)

Desired Liability Limits (25k, 50k, 100k, 250k, 300k, 500k, other) _____
If you want collision cov., what deductible? (\$250, \$500, \$1000, Other?) _____
If you want comp cov, what deductible ?(\$250, \$500, \$1000, Other?) _____
Medical Payment Coverage for others (1000, 2000,3000,4000,5000) _____

Citations/Tickets in past 3 years

Date _____ Detail _____
Date _____ Detail _____

Accidents in the past 3 years

Date _____ Detail _____
Date _____ Detail _____

PROPERTY INSURANCE:

Type of Property Insurance: Home ___ Condo ___ Renters ___ Landlord ___ SQ Footage _____
Property address: _____ # Stories _____ Yr Built: _____

Is this your primary residence (Y/N) _____

Desired Insurance Coverage Amount (estimate - we will determine Replacement Cost later):

Dwelling _____ Deductible(\$500, \$1000, \$2000 Other?) _____
Personal Property _____ Deductible(\$500, \$1000, \$2000 Other?) _____
Liability (\$100k, \$250k, \$300k, \$500k, Other?) _____
Medical Payment Coverage for others (1000, 2000,3000,4000,5000) _____

Property / Home claims in past 3 yrs

Date _____ Detail _____
Date _____ Detail _____

Accuracy of above information is important for correct rates. There are several other rating factors that may be required for a full/accurate rate. In consideration of your time, we will auto-fill these other variables with industry averages to arrive at your quick quote however, your final premium may be different once we customize your application.

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent renewals. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. This financial responsibility check will not affect your credit score. I authorize Premier Group Insurance to access the reports necessary to provide an accurate insurance quote.

X _____