AUTO QUOTE FORM

CERTIFIED
INSURANCE SERVICES

Cedar City
239 S Main #300
Phone: 586-2211
Fax: 586-4462

St. George
437 S Bluff #301
Phone: 652-1400
Fax: 674-3183

cis@certifiedinsurance.net

Date: ___/___/___ Proposed Effective Date: __/___/___ Source:_____Producer _____

Name:_____ Phone #_____

Address:_____ City:_____ ST:_____ Zip:_____

How Long at Present?_____ If under 3 years Prior Address _____

Own Home? Y / N Prior Ins:_____ Policy Number:_____ Cancel Date: __/___/____

	Driver #1 M/F M/S	Driver #2 M/F M/S	Driver #3 M/F M/S	Driver #4 M/F M/S
Name				
DOB				
LIC ST & #				
SS#				
Occupation				
Education				
Viol& Acc& Claims in 3 yrs				
Distance 1 way				

Liability Choices	- Please Circle Your Liabilty & Deductible Choices	**Comp / Collision Choices**
BI/PD	**50/100/50 100/300/100 250/500**	**100, 200, 250,**
UM B/I	**50/100 100/300**	**500, 1000**
UIM B/I	**50/100 100/300**	

	Vehicle #1 Sym:	Vehicle #2 Sym:	Vehicle #3 Sym:	Vehicle #4 Sym:
Year				
Make				
Model				
VIN #				
2dr/4dr				
Engine				
4X4				
Loss Payee?				
Comp				
Collison				
Rental/Towing				
Registered Owner				