



# U.S. Risk

2050 W Sam Houston Pkwy Suite 1500 | Houston, TX 77042 | [www.usrisk.com](http://www.usrisk.com)

## PERSONAL LINES AUTO QUOTE REQUEST FORM

**Taylor.Lenze@usrisk.com**

AGENCY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

NAMED INSURED \_\_\_\_\_ GENDER (M/F): \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ Email \_\_\_\_\_ DATE OF

BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CURRENT CARRIER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

COVERAGE/LIMITS REQUESTED: \_\_\_\_\_

### DRIVER INFORMATION

**DRIVER 1 (Insured):** \_\_\_\_\_ GENDER (M/F): \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

VEHICLE DRIVEN \_\_\_\_\_ USAGE: \_\_\_\_\_ TO/FROM WORK? (MILES 1 WAY) \_\_\_\_\_

VIOLATIONS/LOSSES: \_\_\_\_\_

**DRIVER 2:** \_\_\_\_\_ GENDER (M/F): \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO INSURED: \_\_\_\_\_ SS# \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

VEHICLE DRIVEN \_\_\_\_\_ USAGE: \_\_\_\_\_ TO/FROM WORK? (MILES 1 WAY) \_\_\_\_\_

VIOLATIONS/LOSSES: \_\_\_\_\_

**DRIVER 3:** \_\_\_\_\_ GENDER (M/F): \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO INSURED: \_\_\_\_\_ SS# \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

VEHICLE DRIVEN \_\_\_\_\_ USAGE: \_\_\_\_\_ TO/FROM WORK? (MILES 1 WAY) \_\_\_\_\_

VIOLATIONS/LOSSES: \_\_\_\_\_

**DRIVER 4:** \_\_\_\_\_ GENDER (M/F): \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO INSURED: \_\_\_\_\_ SS# \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

VEHICLE DRIVEN \_\_\_\_\_ USAGE: \_\_\_\_\_ TO/FROM WORK? (MILES 1 WAY) \_\_\_\_\_

VIOLATIONS/LOSSES: \_\_\_\_\_



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## PERSONAL LINES AUTO QUOTE REQUEST FORM

**Kim.Daigle@usrisk.com**

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AGENCY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

NAMED INSURED \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

### VEHICLE INFORMATION

VEHICLE 1. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN #: \_\_\_\_\_ ALARMS? \_\_\_\_\_

COVERAGE: COMP DEDT \_\_\_\_\_ COLLISION DEDT \_\_\_\_\_ LEIN HOLDER? \_\_\_\_\_

VEHICLE 2. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN #: \_\_\_\_\_ ALARMS? \_\_\_\_\_

COVERAGE: COMP DEDT \_\_\_\_\_ COLLISION DEDT \_\_\_\_\_ LEIN HOLDER? \_\_\_\_\_

VEHICLE 3. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN #: \_\_\_\_\_ ALARMS? \_\_\_\_\_

COVERAGE: COMP DEDT \_\_\_\_\_ COLLISION DEDT \_\_\_\_\_ LEIN HOLDER? \_\_\_\_\_

VEHICLE 4. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN #: \_\_\_\_\_ ALARMS? \_\_\_\_\_

COVERAGE: COMP DEDT \_\_\_\_\_ COLLISION DEDT \_\_\_\_\_ LEIN HOLDER? \_\_\_\_\_

### ANY LOSSES IN THE PAST 5 YEARS?

DATE OF LOSS \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ OPEN OR CLOSED? \_\_\_\_\_

TYPE OF LOSS/DESCRIPTION \_\_\_\_\_

### ADDITIONAL REMARKS:

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This form is for quote purposes only. This is not an application.