

GARROTT-KELLER INSURANCE AGENCY, INC.



301 S Prairie ◆ SW Corner of ST 43 & 18 ◆ Brookston, Indiana 47923

Phone 765-563-6531 ◆ Fax 765-563-5264

Referred by _____ **AUTO QUOTE** Date _____

Would you be so kind as to let us have a copy of your current policy? _____

Can you mail it _____ or fax it _____ ? You can also bring it in _____ or can we pick it up? _____

NAME _____ DOB _____ SS# _____ Occupation _____ Miles _____ one way

Spouses Name _____ DOB _____ SS# _____ Occupation _____ Miles _____

Other Drivers: _____ DOB _____ Student? ___ If <age 24 are grades AorB average

Residents: _____

Home Phone # _____ Cell: _____ FAX: _____ email _____

Address

Have you moved within the last 60 days? _____ If so what was your previous address? _____

of Autos? _____ Multi Car Discount? _____ Glass deductible? _____

Year	Make	suffix SE, SL, LE Model/4x4,4x2	VIN #	Ded				Titled to
				Comp	Coll	Tow	Rental	
_____	_____	_____	_____	____/____	____/____	_____	_____	
_____	_____	_____	_____	____/____	____/____	_____	_____	
_____	_____	_____	_____	____/____	____/____	_____	_____	

Liability Limits: BI _____ / _____ PD _____ Med _____ UM BI same

Date	Description	Amount	Who
Tickets? ____/____/____	At-Fault, NAF Accidents?	____/____	_____

____/____/____	FTP, DDC, DUI, OWI? Suspension?	____/____	_____
----------------	---------------------------------	-----------	-------

____/____/____	Claims?	____/____	_____
----------------	---------	-----------	-------

____/____/____	Claims?	____/____	_____
----------------	---------	-----------	-------

Have you had continuous insurance for the past 6 months on any auto? _____ If not, how long without insurance _____

Current or prior insurance company? _____ Expiration Date _____

How much is your premium/payments? _____ Monthly _____ Quarterly _____ Semi-Annually _____

Do you own a Home or Rent or Other? _____ Home is insured with _____

If you own a mobile home, what year built? _____ Make? _____ Model? _____

Would you like for us to call or visit you with a quote? _____

Do you have health ins? _____ Individual or Group? _____ Who with _____

Do you have Life Insurance? Individual? ___ Group? ___ Whole Life? ___ Universal Life? ___ Term? ___ \$ _____

minimumautoquoterev0108