

Fax Your Quote and Current Declaration to: 763-504-3011 or email to arrayinfo@arrayinsurance.com

Auto Insurance Quote Form

Name: _____ Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

Current Auto Ins. Carrier: _____ CURRENTLY PAYING: _____ Exp. date of current policy: _____

Length of time with carrier: _____ Any gaps in insurance? _____

#	Driver Name	Driver's License Number/State	DOB	Social Security #	Occupation	Relation to applicant
1						n/a
2						
3						
4						

****BELOW: Please indicate in the first column which driver is assigned to each vehicle****

Vehicle Information

#	Year	Make	Model	VIN	Full Coverage or Liability Only?	One Way Radius To work/school

If any drivers listed above have tickets or accidents in the last 5 years or major violations in the last 10, please give details here:

Driver Name	Date of Incident	Type of Incident
		<input type="checkbox"/> Minor violation (speeding, failure to stop, etc.) <input type="checkbox"/> Major Violation- Alcohol/Drug related <input type="checkbox"/> Major Violation-non alcohol related (reckless driving) <input type="checkbox"/> Accident- At Fault with Injuries <input type="checkbox"/> Accident- At Fault No Injuries <input type="checkbox"/> Suspension <input type="checkbox"/> Not at Fault Accident
		<input type="checkbox"/> Minor violation (speeding, failure to stop, etc.) <input type="checkbox"/> Major Violation- Alcohol/Drug related <input type="checkbox"/> Major Violation-non alcohol related (reckless driving) <input type="checkbox"/> Accident- At Fault with Injuries <input type="checkbox"/> Accident- At Fault No Injuries <input type="checkbox"/> Suspension <input type="checkbox"/> Not at Fault Accident
		<input type="checkbox"/> Minor violation (speeding, failure to stop, etc.) <input type="checkbox"/> Major Violation- Alcohol/Drug related <input type="checkbox"/> Major Violation-non alcohol related (reckless driving) <input type="checkbox"/> Accident- At Fault with Injuries <input type="checkbox"/> Accident- At Fault No Injuries <input type="checkbox"/> Suspension <input type="checkbox"/> Not at Fault Accident

COVERAGE INFORMATION:

- ☞ Comprehensive Coverage: select deductible: \$ 500 1,000 \$ 1500 \$ 2500
- ☞ Collision Coverage: select deductible: \$ 500 1,000 \$ 1500 \$ 2500
- ☞ Rental Reimbursement: Yes No
- ☞ Towing Yes No ★(we recommend AAA)★
- ☞ Do you have AAA? Yes No If so, Member #: _____

DISCOUNTS: These questions help us to find you discounts!

- ☞ How do you want to pay? Full Pay Monthly Do you want automatic payments? Yes No
- ☞ Would you like Paperless billing? Yes No
- ☞ Are you an AARP Member? Yes No If so, Member #: _____
- ☞ Would you want to bundle your home and auto? Yes No
- ☞ Do you Own or Rent your home? _____ ★you can save premium on your auto by getting coverage from us★
- ☞ Would you like more information on an umbrella? Yes No

HOW DID YOU HEAR ABOUT US? _____

FOR OFFICE USE ONLY: _____ **Agent Assigned:** _____ **Date:** _____