

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:** \_\_\_\_\_