

**RJR Insurance Agency Auto Quote Sheet**

**Attn: Robert Ruffalo**

**Phone 704-543-2700 Fax 704-543-2704**

**Email: ruff@rjrinsuranceagency.com**

Names: \_\_\_\_\_ and \_\_\_\_\_

DOB: \_\_\_\_\_ Soc.: \_\_\_\_\_ and DOB: \_\_\_\_\_ Soc.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Referral Source (how did you hear of us): \_\_\_\_\_

**Coverage Information**

Current Insurance Carrier: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Current Liability Bodily Injury Limits: Check

- 50/100       100/300       250/500

Current Liability Property Damage Limits: Check

- 50/000       100,000       Other:

Uninsured and Underinsured Motorists Bodily Injury Coverage: Check

- 50/100       100/300       250/500

Uninsured and Underinsured Motorist Property Damage Coverage: Check

- 50/100       100,000       Other:

Comprehensive Deductible: \_\_\_\_\_ Collision Deductible: \_\_\_\_\_

Vehicle 1 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Usage: \_\_\_\_\_

Vehicle 2 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Usage: \_\_\_\_\_

Vehicle 3 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Usage: \_\_\_\_\_

Vehicle 4 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Usage: \_\_\_\_\_

Driver: \_\_\_\_\_ DOB: \_\_\_\_\_ License #: \_\_\_\_\_ Soc. \_\_\_\_\_

Driver: \_\_\_\_\_ DOB: \_\_\_\_\_ License #: \_\_\_\_\_ Soc. \_\_\_\_\_

Driver: \_\_\_\_\_ DOB: \_\_\_\_\_ License #: \_\_\_\_\_ Soc. \_\_\_\_\_

Driver: \_\_\_\_\_ DOB: \_\_\_\_\_ License #: \_\_\_\_\_ Soc. \_\_\_\_\_

