|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **HOPP INSURANCE AGENCY, INC.**  **AUTO INSURANCE QUOTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please click “grey” boxes to fill in. Re-save this form on your computer and attach to an email to:** ***info@hoppinsurance.com*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| insured Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | Spouse: | | | | | | | | | | | | | | | | |
| Phone: | | | | | | | Fax: | | | | | | | | | | E-mail: | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | City: | | | | | | | | | State: | | | | | | | Zip Code: | | |
| Physical Address: | | | | | | | | | | | City: | | | | | | | | | State: | | | | | | | Zip Code: | | |
| Current Insurance Co: | | | | | | | | | | | | | | | | | Policy Number: | | | | | | | | How Long? | | | | |
| Policy cancel or non-renew in last 3 years? | | | | | | | | | | | | | | | | | Married Single Divorced Widow  Other | | | | | | | | | | | | |
| DRIVER’S Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licensed Driver’s: | | | | | | | | | Date of Birth: | | | | | Social Security #: | | | | | | | | | Driver’s License #: | | | | | | Sex: |
| #1: | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  |
| #2: | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  |
| #3: | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  |
| #4: | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  |
| In the past 3 years, have you or your spouse (or other licensed driver’s) had any of the following: (If yes, please explain) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tickets: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accidents: (At Fault, Not at Fault, Comprehensive Claims (glass, theft etc.)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver #: | | | Occupation: | | | | | Length of Employment: | | | | | | | | Miles One Way: | | | | | Usage Miles: # Work | | | | | | | # Pleasure: | |
| #1: | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | |
| #2: | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | |
| #3: | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | |
| #4: | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | |
| Coverages/limits section | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liability Limits Bodily Injury Per Person: | | | | | | | | | | | | | | | | | | Bodily Injury Per Occurrence: | | | | | | | | | | | |
| Personal Injury Protection: | | | | | | | | | | Uninsured Motorist: | | | | | | | | | | | |  | | | | | | | |
| Comprehensive Deductible: | | | | | | | | | | | | | | | Collision Deductible: | | | | | | | | | | | | | | |
| Vehicle INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh: | | Year: | | Make: | | Model: | | | | | | Vehicle Identification Number: | | | | | | | | | | | | Collision: | | | | Liability Only: | |
| #1: | |  | |  | |  | | | | | |  | | | | | | | | | | | | Yes No | | | | Yes No | |
| #2: | |  | |  | |  | | | | | |  | | | | | | | | | | | | Yes No | | | | Yes No | |
| #3: | |  | |  | |  | | | | | |  | | | | | | | | | | | | Yes No | | | | Yes No | |
| #4: | |  | |  | |  | | | | | |  | | | | | | | | | | | | Yes No | | | | Yes No | |
| Veh: | Towing: | | | | Rental Car: | | | | | | Antilock Brakes: | | | | | | | | Air Bags: | | | | | | | Alarm: | | | |
| #1: | Yes No | | | | Yes No | | | | | | Yes No | | | | | | | | Yes No | | | | | | | Yes No | | | |
| #2: | Yes No | | | | Yes No | | | | | | Yes No | | | | | | | | Yes No | | | | | | | Yes No | | | |
| #3: | Yes No | | | | Yes No | | | | | | Yes No | | | | | | | | Yes No | | | | | | | Yes No | | | |
| #4: | Yes No | | | | Yes No | | | | | | Yes No | | | | | | | | Yes No | | | | | | | Yes No | | | |