|  |
| --- |
| **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[ ]  |