

LORD & CO. INSURANCE AGENTS

Auto Insurance New Business Rating Form

Date Taken: _____ Taken By: _____ Deadline: _____

General Rating Questions:

1. Do you have current insurance? Yes No Carrier name: _____
2. What are you looking for? Better Price Better Coverage Other _____
3. Do you have your policy information available? Yes* No

* Ask if they would like to fax or email declarations page (then obtain Driver Information for each driver to quote). If "NO" then also fill out Coverage Section as well.

Any driver Tickets or Accidents Last 5 years IF YES ASK LOSSES SECTION PG 2

Best Way to Reach You:

Telephone: _____ EMAIL: _____

Driver Information:

Driver #1 Name: _____ Date of Birth: _____ Married: Yes No
Social Security Number: _____ - _____ - _____ DL # / State: _____
Address: _____, _____ TX _____.

Driver #2 Name: _____ Date of Birth: _____ Married: Yes No
Social Security Number: _____ - _____ - _____ DL # / State: _____
Address: _____, _____ TX _____.

Driver #3 Name: _____ Date of Birth: _____ Married: Yes No
Social Security Number: _____ - _____ - _____ DL # / State: _____
Address: _____, _____ TX _____.

Vehicle Information:

Vehicle #1 Year: _____ Make: _____ Model: _____
VIN: _____ Who is the driver? _____
Use: Work School Retired Pleasure Farm
Alarm System? Yes No Type: _____ Airbags? Yes No

Vehicle #2 Year: _____ Make: _____ Model: _____
VIN: _____ Who is the driver? _____
Use: Work School Retired Pleasure Farm
Alarm System? Yes No Type: _____ Airbags? Yes No

Vehicle #3 Year: _____ Make: _____ Model: _____
VIN: _____ Who is the driver? _____
Use: Work School Retired Pleasure Farm
Alarm System? Yes No Type: _____ Airbags? Yes No

Coverage Information:

Liability Bodily Injury: 25/50 50/100 100/300 250/500
Property Damage: 25 50 100 250

Uninsured Motorist Liability: 25/50 50/100 100/300 250/500
Uninsured Motorist Prop Damage: 25 50 100 250

Comprehensive deductible: 100 250 500 1000
Vehicles for Comp: 1 2 3 4 5

Collision Deductible: 100 250 500 1000
Vehicles. For Collision: 1 2 3 4 5

Personal Injury Protection: REJECT 1000 2500 5000 10000
Medical Payments: REJECT 1000 2500 5000 10000

Optional Coverages:

Towing/Labor \$40 \$80
Rental Reimbursement: \$20 day \$30 Day \$40 Day _____Day
Death Indemnity: \$_____

Credits:

Are you a homeowner? Yes No Interested in Companion HO Policy? Yes No

If "Yes", then see Homeowner Form for Data.

Defensive Driving: Date of Course: _____ Driver's Name: _____

Commercial Driver Training Course: Date: _____ Driver's Name: _____

Tickets/Accidents LOSSES Past 5 years:

1. Name of Driver: _____ **Date of Activity:** _____

Type of Activity: _____

2. Name of Driver: _____ **Date of Activity:** _____

Type of Activity: _____

3. Name of Driver: _____ **Date of Activity:** _____

Type of Activity: _____

Thank you for calling. It is our goal to have auto insurance quotes turned around in less than 48 hours. If you have immediate needs please let us know so we can do our best to expedite your quotation.

Notes: _____.

Fax completed form to Pat Falbo at 940.566.1893.