

Auto/Property Quote Form

This is a request for a quotation for automobile and property insurance. It is not an application for insurance.

To expedite your quote, please provide the following information.

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Best time to call: morning afternoon evening
Email: _____

Automobile:

Vehicle Year	Make	Model	One-Way Commute/Annual Mileage	Business Use (Yes/No)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Drivers in Household:

Name	Date of Birth	Married/Single	Relationship to you	License #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Driving history (past 5 years)

Has any driver had his/her license suspended or revoked? Yes No

If yes, please explain who, when and why: _____

Any accident or motor vehicle convictions in the past five years whether you or someone else was at fault?

Please list driver, date of incident and type of incident. _____

List all fire, theft, glass and/or vandalism losses. _____

Present Insurance Co.: _____ Expiration Date: _____ Annual Premium: \$ _____

Current Liability Limits: _____

This is not an application for insurance. This form is only an attempt to gather some of the information necessary to process your quote, and actual information used will vary by state.

As allowed by law, we will ask for credit and other consumer reports from consumer reporting agencies concerning your application for insurance or any renewal of insurance. These may include driving records, claim history reports and credit based insurance score.

Property:

Home Yr. Built: _____ Style/Number of stories: _____

Built-in Garage

Condominium or Co-op

Renters (Please check one)

Month/Year of Purchase: _____

Is the Home a Primary Residence Secondary Residence

Number of months not occupied in a year: _____

Number of mortgages: _____

Construction: Wood Exterior Brick Veneer Solid Brick/Masonry Aluminum/Vinyl Siding
 Log Home Manufactured Home

Roof Covering Type: Asphalt Shingles Tiles/Slate Steel Other: _____

Primary Source of Heat: Oil Gas Electric Other: _____

Alternative Source of Heat: Wood/Coal/Pellet Stove Space Heater Other: _____

Feet from hydrant: _____ Miles to fire station: _____

Protection Devices: Smoke Detector Fire Extinguisher Dead Bolt Locks Monitored Fire Alarm
 Monitored Burglar Alarm

Present Insurance Co.: _____ Expiration Date: _____

Current Coverage Amt: \$ _____

Any losses in the last five years? If yes, please explain:

Please check here if you are interested in more information about:

Personal Article Floater (jewelry, furs, fine arts, etc.) Boat/Yacht Insurance

Personal Umbrella Liability Protection Flood Insurance

Replacement Cost Estimate of your home Special Programs for employee, association or affinity groups

Thank you for your interest in Travelers.