

# Sterling Casualty, LLC

## NEW CUSTOMER AUTO QUOTE FORM

Named Insured-  
Address-  
Date-

### DRIVER INFORMATION

	<u>DRIVER 1</u>	<u>DRIVER 2</u>	<u>DRIVER 3</u>
<b>NAME</b>			
<b>D.O.B.</b>			
<b>SSN</b>			
<b>LICENSE #</b>			
<b>MARRIED?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Tickets in past 39 months?</b>	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe
	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
<b>Safety Course</b>	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe
	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
<b>Accidents in past 39 months?</b>	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe
	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
<b>Any other drivers in household?</b>	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe
	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
<b>Any Claims? Comp Collision</b>	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe	<input type="checkbox"/> yes – describe
	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no

Home Ownership- ☐ Own ☐ Rent ☐ Live w/ Parents

### VEHICLE INFORMATION

	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>	<u>VEHICLE 3</u>
<b>Registered to:</b>	<input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2 <input type="checkbox"/> Dr 3	<input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2 <input type="checkbox"/> Dr 3	<input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2 <input type="checkbox"/> Dr 3
<b>Year</b>			
<b>Make</b>			
<b>Model</b>			
<b>VIN</b>			
<b>Use</b>	<input type="checkbox"/> Pleasure <input type="checkbox"/> Work <input type="checkbox"/> Other Miles one way- 3	<input type="checkbox"/> Pleasure <input type="checkbox"/> Work <input type="checkbox"/> Other Miles one way-	<input type="checkbox"/> Pleasure <input type="checkbox"/> Work <input type="checkbox"/> Other Miles one way-
<b>Safety Features</b>	<input type="checkbox"/> DAB <input type="checkbox"/> DTRL <input type="checkbox"/> ABS Anti-Theft Type	<input type="checkbox"/> DAB <input type="checkbox"/> DTRL <input type="checkbox"/> ABS Anti-Theft Type	<input type="checkbox"/> DAB <input type="checkbox"/> DTRL <input type="checkbox"/> AB Anti-Theft Type
<b>Coverage</b>	<input type="checkbox"/> Liability – Limits- <input type="checkbox"/> Comp 250Ded. FG <input type="checkbox"/> Collision 500Ded. <input type="checkbox"/> Towing <input type="checkbox"/> Rental	<input type="checkbox"/> Liability – Limits- <input type="checkbox"/> Comp Ded. FG <input type="checkbox"/> Collision Ded. <input type="checkbox"/> Towing <input type="checkbox"/> Rental	<input type="checkbox"/> Liability – Limits- <input type="checkbox"/> Comp Ded. FG <input type="checkbox"/> Collision Ded. <input type="checkbox"/> Towing <input type="checkbox"/> Rental
<b>Loss/Payee</b>	Name- Address	Name- Address	Name- Address
<b>Current Cov.</b>	Carrier-	Premium-	Renewal Date-