

Personal Automobile Insurance Quotation Survey:

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Title of NAMED INSURED: Drivers		Date of Birth	Drivers License #	Social Security # (Private I will call you)	5 Years –Accidents / Tickets			
1								
2								
3								
4								
Address	City	Zip	E Mail Address:		Telephone	Cell:	Telephone Work:	
Detail on claims :								
DRIVING CREDITS				OCCUPATION - Driver		Employer Car Coverage needed <input type="checkbox"/> Y <input type="checkbox"/> N		
1	2	3	4	1.	2.			
Drivers Education <input type="checkbox"/>	Defensive Driving <input type="checkbox"/>			3.	4.			
Vehicle (Year., Make, Model)		Vehicle Identification Numbers		Cost New	City of garaging	Airbags	Kind of Alarm	Anti Lock Brakes
1.						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
2.						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
3.						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
4.						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Liability Limits: Check the Limits Bodily Injury / Property Damage		Personal Injury Limit	Uninsured Motorist Limit	Comprehensive / Collision Deductible		Roadside Assistance / Rental Reimbursement		
<input type="checkbox"/> 1. \$50,000 / \$25,000		<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$50,000 / \$25,000	<input type="checkbox"/> Vehicle # 1 \$ 200 / \$500 <input type="checkbox"/> None		Vehicle # 1 <input type="checkbox"/> None		
<input type="checkbox"/> 2. \$100,000 / \$50,000		<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$100,000 / \$50,000	<input type="checkbox"/> Vehicle # 2 \$ 200 / \$500 <input type="checkbox"/> None		Vehicle # 2 <input type="checkbox"/> None		
<input type="checkbox"/> 3. \$250,000 / \$100,000		<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$250,000 / \$100,000	<input type="checkbox"/> Vehicle # 3 \$ 200 / \$500 <input type="checkbox"/> None		Vehicle # 3 <input type="checkbox"/> None		
<input type="checkbox"/> 4. \$500,000 / \$500,000		<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> Vehicle # 4 \$ 200 / \$500 <input type="checkbox"/> None		Vehicle # 4 <input type="checkbox"/> None		
Extended Non-Owned Coverage For Named Individual #511a - Ads Liability & Med Pay - Name Everyone Who May Drive A Company Car / Room Mate / Vehicle Owned By A Resident And Auto Is Not On The Policy. <input type="checkbox"/> Y <input type="checkbox"/> N								
Additional Coverage Options:		#1	#2	#3	#4			
After Market Equipment:								
Camper / Trailer								
Stereo Greater Than \$1500								
Current Insurance Company	Policy #	Effective Date		Notes:				