

Tara Insurance Agency

Nick Todd~Lis #0G53950

Offices in Temecula and Idyllwild California

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Auto & Motorcycle Quote Worksheet

* Required Information

Some information is required for quote. All information is required for a more accurate quote.

Primary Driver

*Full Name _____ Married? Yes No Drivers In Household? _____

*Date of Birth _____ *Driver's License No. _____ Occupation _____

*Residence Address _____ City _____ ST _____ Zip _____

Mailing Address _____ City _____ ST _____ Zip _____

*Home Phone _____ Cell Phone _____ Email _____

*Accidents/Claims/Citations in the past 6 years? YES NO (if "YES" please explain in Note section)

Second Household Driver

Full Name _____ Date of Birth _____ Driver's License No. _____

Accidents/Claims/Citations in the past 6 years? YES NO (if "YES" please explain in Note section)

Additional Household Driver #1

Full Name _____ Date of Birth _____ Driver's License No. _____

Accidents/Claims/Citations in the past 6 years? YES NO (if "YES" please explain in Note section)

Additional Household Driver #2

Full Name _____ Date of Birth _____ Driver's License No. _____

Accidents/Claims/Citations in the past 6 years? YES NO (if "YES" please explain in Note section)

Vehicle(s) information

Vehicle #1

*Year _____ Make _____ Model _____ VIN _____

Term Length? 6 Months 12 Months Uninsured/Underinsured Motorist? YES NO

Liability coverage requested? 100/300 250/500 500CSL Annual Miles _____

Rental Reimbursement? YES NO Presently Insured? YES NO

Collision & Comprehensive? YES NO Deductible? \$ _____ Odometer Reading _____

Vehicle #2

Year _____ Make _____ Model _____ VIN _____

Term Length? 6 Months 12 Months Uninsured/Underinsured Motorist? YES NO

Liability coverage requested? 100/300 250/500 500CSL Annual Miles _____

Rental Reimbursement? YES NO Presently Insured? YES NO

Collision & Comprehensive? YES NO Deductible? \$ _____ Odometer Reading _____

Vehicle #3

Year_____ Make_____ Model_____ VIN_____

Term Length? 6 Months 12 Months Uninsured/Underinsured Motorist? YES NO

Liability coverage requested? 100/300 250/500 500CSL Annual Miles_____

Rental Reimbursement? YES NO Presently Insured? YES NO

Collision & Comprehensive? YES NO Deductible? \$_____ Odometer Reading _____

Vehicle #4

Year_____ Make_____ Model_____ VIN_____

Term Length? 6 Months 12 Months Uninsured/Underinsured Motorist? YES NO

Liability coverage requested? 100/300 250/500 500CSL Annual Miles_____

Rental Reimbursement? YES NO Presently Insured? YES NO

Collision & Comprehensive? YES NO Deductible? \$_____ Odometer Reading _____

Additional Information:

Save, Print and Fax to 951-595-8910 or Save under last name and email to Info@TaraInsuranceAgency.com

Additional information may be required. For Additional Drivers or Vehicles use separate worksheet.

Some information is required for quote. All information is required for a more accurate quote.

All quotes are subject to change pending underwriting review.

Form #TIAAW