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AUTO INSURANCE

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Social Security: _____ Referred By: _____

Highest Education _____ Occupation: _____

AUTO INFORMATION

Year	Make	Model	Vin #	Loan on Vehicle Y/N	Collision Deductible	Comprehensive Deductible	Towing/ Car Rental Y/N	Existing Damage on Vehicle	Car parked at different address

DRIVERS INFORMATION

Driver Name:	M/F	Date of Birth	Social Security #	Driver Licence #	Marital Status	Occupation	Vehicle	Days Driven/ Miles One way

Current Carrier _____ Policy# _____ Expiration Date: _____ Premium _____

Has any driver listed above been in a moving violation or an accident in the last 5 years?

For accidents: Please describe the loss, who was at fault, the date the accident occurred, how much was paid out and which vehicle was involved.

For Moving violations: Please list what ticket was written and when it occurred

This is not an application for insurance. This form is only an attempt to gather some information necessary to begin your quote. Actual Information used may vary by state.

As allowed by law, we will order credit and other consumer reports from consumer reporting agencies to underwrite and rate your policy. These may include, without limitation, driving records, claim history reports and credit based insurance score