



## AUTO INSURANCE REQUEST FORM

Please fill out this form to the best of your ability. If you have any questions please contact our Rochester office at 585.352.1234 or our Canandaigua office at 585.394.4597. Please submit your saved and completed form to [alisonc@thefeltnergroupp.com](mailto:alisonc@thefeltnergroupp.com). Once submitted, we will contact you within 24 business hours.

Are you currently insured? \_\_\_\_\_

Who are you insured with now? \_\_\_\_\_

Have you had any accidents or tickets in the last three years? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our agency? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best Time to Reach You: \_\_\_\_\_

### DRIVER'S LICENSE

License #: \_\_\_\_\_ State: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ Occupation: \_\_\_\_\_

College: \_\_\_\_\_

### HOUSEHOLD

Spouses Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Members of Household (Full name, DOB, Driver's license # if applicable):

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**HOUSEHOLD CONT.**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**VEHICLES**

Vehicle #1:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle #2:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle #3:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**CONVICTIONS: (SELECT ONE)**

Violations

Accidents

If so, Dates of Convictions/Accidents?

\_\_\_\_\_  
\_\_\_\_\_

**COVERAGES: (SELECT ONE)**

**Liability Amounts**

50/100/50

100/300/100

250/500

Other: \_\_\_\_\_

**Sum Amounts**

50/100

100/300

250/500

Other: \_\_\_\_\_

**Comprehensive Deductible**

\$200

\$250

\$500

Full Glass

**Collision Deductible**

\$200

\$250

\$500

\$1000

Towing: \_\_\_\_\_

Rental Reimbursement: \_\_\_\_\_

\$ Per Day: \_\_\_\_\_