



**Anderson Community Insurance, LLC**

"Insurance for living. Solutions for life."

Annuity, Auto, Commercial, Health, Home, Life

800 Main St. Suite #307 Anderson, IN 46016

**Bus: 765.274.5180**

**Fax: 844.273.4822**

## AUTO QUOTE SHEET

Name:

Address:

City, Zip:

Phone:

Email:

Birth Date:

Social Security #:

How many miles do you drive to work?

Drivers License #

Occupation:

Education Level:

### Spouse's Information

Birth Date:

Social Security #:

How many miles do you drive to work?

Drivers License #

Occupation:

Education Level:

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Do you currently have insurance?

If yes, with whom?

Six-month premium amount:

Policy Number:

Any speeding tickets, accidents, suspensions or DWI in the last 5 years?

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### Vehicle 1

### Vehicle 2

Year:

Make:

Model:

Trimline:

Milage:

2W or 4W?

Camper Shell?

Number of front Airbags?

Alarm System?

Stereo Equipment?

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Would you like Liability or Full Coverage?

Would you like Towing coverage?

Would you like Rental coverage?