

Insurance Online, TEXAS

James Stafford Insurance Agency
1562 NW Access Rd.
Mount Vernon, TX 75457

AUTO Quote Request

Phone: (903) 537-2819

Toll-Free: 1-888-869-4904

Fax: 1-888-475-4437

Name:			Telephone:		
Address:			Bus. Telephone:		
City:	State:	Zip:	Other Phone:		
Employer:		County:	Email Address:		

In order to provide the best price available to you, we need the following information on all drivers. This is strictly used for quoting your insurance program. Once your quote is complete, the information is destroyed within approximately 15 days. All information is strictly confidential and is destroyed by shredding before being discarded.

List of Drivers

Full Name of Driver (s)	Gender	Social Security #	Drivers License #	Date of Birth
1.	M F			
2.	M F			
3.	M F			
4.	M F			
5.	M F			

Only the primary and secondary driver need to list the social security number.

Please provide detail of any citations, accidents or comp claims in the past 36 months. Please provide details: _____

Are you currently insured? YES NO How long have you been continuously insured? _____

Name of Current Insurance Company: _____ Policy Number: _____ Expiration Date: _____

Vehicles

#	Year	Make	Model	2dr/4dr/sw	Vin Number*	Air Bags	Alarm	Lienholder
1						Y N	Y N	Y N
2						Y N	Y N	Y N
3						Y N	Y N	Y N
4						Y N	Y N	Y N

*VIN Numbers is not required, but if provided generates a more accurate quote.

Coverage:

Liability: 20/40/15 25/50/25 50/100/50 100/300/100 other: _____
 optional **Medical:** 2,500 5,000 10,000
 optional **PIP:** 2,500 5,000 10,000
 optional **Um BI** 20/40 25/50 50/100 100/300 other: _____
 optional **Um PD** 15 25 50 100 other: _____
 optional **OTC ded.** 50 100 250 500 1000 Veh: 1 ___ 2 ___ 3 ___ 4 ___ (Mark Vehicles desire coverage)
 optional **Collision ded.** 50 100 250 500 1000 Veh: 1 ___ 2 ___ 3 ___ 4 ___ (Mark Vehicles desire coverage)
 optional **Towing** 40 80 120 Veh: 1 ___ 2 ___ 3 ___ 4 ___ (Mark Vehicles desire coverage)
 optional **Rental Reimbursement** Veh: 1 ___ 2 ___ 3 ___ 4 ___ (Mark Vehicles desire coverage)

NOTICE: As a part of our underwriting process for all applicants, to provide you with an accurate premium amount, we have asked a series of questions, some of which are confirmed through consumer reports, which may include credit information. If this is acceptable and the form is completed in its entirety, please sign and date as acceptance of these terms and conditions.

Signed: _____ Date: _____