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 Delaney Insurance Group
Auto Quote Information Sheet

Client Info

Name:	
Phone:	
Address:	
Email:	

Driver(s) Information

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>License #</u>	<u>State</u>

Auto Info

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Principal Driver</u>	<u>Vin #</u>

Current Insurance Info

Company	
BI /PD limits	
Comp/Coll deductibles	
Policy #	
Prior Claims? (Y/N)	
Expiration Date?	
Lease? & Lease info (name/phone/address)	
Home: Own or Rent?	

Note: Send existing policy info to insure proof of prior insurance requirement

Lead Source/Other Info/Instructions: