



**Michael J Pardee**  
Associate Broker/Partner

45 Nashville Road  
Rochester Mills, PA 15771  
michael@mahoning-insurance.com  
724-422-3617 – mobile  
724-286-9157 – home office

**Joel D Doty**  
Associate Broker/Partner

2121 Wharton Street  
Pittsburgh, PA 15203  
joel@mahoning-insurance.com  
412-855-2104 – mobile

[www.mahoning-insurance.com](http://www.mahoning-insurance.com)

## AUTO INSURANCE QUOTE REQUEST FORM

### APPLICANT INFORMATION:

EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_ FIRST NAMED INSURED: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ DL# \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
YEARS AT THIS ADDRESS: \_\_\_\_\_ SINGLE FAMILY DWELLING: YES / NO COVERAGE FOR PREVIOUS SIX MONTHS: YES / NO  
SSN#: \_\_\_ - \_\_\_ - \_\_\_\_\_ PRIOR CARRIER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS LICENSED: \_\_\_\_\_

### VEHICLE INFORMATION:

VEHICLE #1 VIN: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
GARAGING ZIP: \_\_\_\_\_ ANTI-THEFT: YES / NO AIRBAGS: YES / NO USED FOR DELIVERY: YES / NO  
LIENHOLDER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
VEHICLE #2 VIN: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
GARAGING ZIP: \_\_\_\_\_ ANTI-THEFT: YES / NO AIRBAGS: YES / NO USED FOR DELIVERY: YES / NO  
LIENHOLDER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
VEHICLE #3 VIN: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
GARAGING ZIP: \_\_\_\_\_ ANTI-THEFT: YES / NO AIRBAGS: YES / NO USED FOR DELIVERY: YES / NO  
LIENHOLDER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

(USE OVERFLOW IF NEEDED)

### ADDITIONAL DRIVERS

DRIVER #2 NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ DL# \_\_\_\_\_ SSN#: \_\_\_ - \_\_\_ - \_\_\_\_\_  
RELATIONSHIP TO APPLICANT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS LICENSED: \_\_\_\_\_  
DRIVER #3 NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ DL# \_\_\_\_\_ SSN#: \_\_\_ - \_\_\_ - \_\_\_\_\_  
RELATIONSHIP TO APPLICANT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YEARS LICENSED: \_\_\_\_\_

(USE OVERFLOW IF NEEDED)

**VIOLATIONS / NOT-AT-FAULT ACCIDENTS / CLAIMS** (35 MONTHS PRIOR) **AT-FAULT ACCIDENTS** (59 MONTHS PRIOR)

DRIVER INVOLVED: 1 / 2 / 3 DATE: \_\_\_/\_\_\_/\_\_\_ DESCRIBE: \_\_\_\_\_

DRIVER INVOLVED: 1 / 2 / 3 DATE: \_\_\_/\_\_\_/\_\_\_ DESCRIBE: \_\_\_\_\_

DRIVER INVOLVED: 1 / 2 / 3 DATE: \_\_\_/\_\_\_/\_\_\_ DESCRIBE: \_\_\_\_\_

(USE OVERFLOW IF NEEDED)

**UNDERWRITING INFORMATION**

PRIOR INSURANCE CARRIER: \_\_\_\_\_ PRIOR INSURANCE EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_

PRIOR TORT: LIMITED / FULL PRIOR LIABILITY LIMITS: \_\_\_/\_\_\_/\_\_\_ (BI PER PER / BI PER ACC / PD PER ACC)

NUMBER OF YEARS WITH PRIOR CARRIER: \_\_\_\_\_ CURRENT TORT: LIMITED / FULL AAA MEMBER: YES / NO PAPERLESS: YES / NO

NUMBER OF RESIDENTS AT CURRENT ADDRESS: \_\_\_\_\_ OWN A HOME: YES / NO

**COVERAGE INFORMATION**

BI-PD REQUESTED: \_\_\_/\_\_\_/\_\_\_ UM: \_\_\_/\_\_\_/\_\_\_ UIM: \_\_\_/\_\_\_/\_\_\_

STACKING: YES / NO ACCIDENTAL DEATH: \$ \_\_\_\_\_ FUNERAL: \$ \_\_\_\_\_ MEDICAL EXPENSE: \$ \_\_\_\_\_

INCOME REPLACEMENT: YES / NO RENTAL COVERAGE: YES / NO ROADSIDE/TOWING: YES / NO PAYOFF FOR TOTALING: YES / NO

COMPREHENSIVE DEDUCTIBLE: \$ \_\_\_\_\_ COLLISION DEDUCTIBLE: \$ \_\_\_\_\_ CUSTOM/ACCESSORY COVERAGE: \$ \_\_\_\_\_

**BILLING INFORMATION**

BILL BY: MAIL / EFT PAY IN FULL: YES / NO \*(DISCOUNT FOR EFT IF PAYING MONTHLY) \*(DISCOUNT FOR PAYING IN FULL)

DOWN PAYMENT METHOD: CREDIT CARD / EFT CREDIT CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_/\_\_\_

MONTHLY EFT ROUTING NUMBER: \_\_\_\_\_ MONTHLY EFT CHECKING ACCT NUMBER: \_\_\_\_\_

**ADDITIONAL INFORMATION / OVER-FLOW**