

Once completed, this form should be emailed to info@elliott-insurance.com

You may also fax it to our office: 509-453-3293

Or, mail it to our office (see mailing address at the end of this form).

Auto Insurance Quote Sheet

Name:							
Date of Birth:			Social Security Number:				
Address:							
City:			State:		Zip:		
Home Phone:			Work Phone:				
Cell Phone:			Email Address:				
Best way to reach you:							
If by phone, what time of day? (Please place an X in correct box)	Morning:		Afternoon:		Evening:		
Current insurance company:					# of years with this company:		
Policy expiration date:							
Current Limits							
Bodily Injury:			Property Damage:				
Combined Single Limit (if applicable):			Underinsured Motorist Bodily Injury:				
Underinsured Motorist Property Damage:			Personal Injury Protection:				
Household driver 1:					DOB:		
Moving violations or accidents in past 3 years (Y or N):							
If Yes, description and date:							

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insurance service, inc.

Representing PEMCO and other fine Insurance Companies



Household driver 2:		DOB:	
Moving violations or accidents in past 3 years (Y or N):			
If Yes, description and date:			
Household driver 3:		DOB:	
Moving violations or accidents in past 3 years (Y or N):			
If Yes, description and date:			
Household driver 4:		DOB:	
Moving violations or accidents in past 3 years (Y or N):			
If Yes, description and date:			
Vehicle Information			
Vehicle 1 - Year:		Make:	
		Model:	
VIN:		Alarm (Yes or No):	
Comprehensive (Y or N):		Deductible:	
Collision (Y or N):		Deductible:	
Assigned driver:			Miles to work:
Vehicle 2 - Year:		Make:	
		Model:	
VIN:		Alarm (Yes or No):	
Comprehensive (Y or N):		Deductible:	
Collision (Y or N):		Deductible:	
Assigned driver:			Miles to work:

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Vehicle 3 - Year:		Make:		Model:	
VIN:				Alarm (Yes or No):	
Comprehensive (Y or N):		Deductible:			
Collision (Y or N):		Deductible:			
Assigned driver:				Miles to work:	
Vehicle 4 - Year:		Make:		Model:	
VIN:				Alarm (Yes or No):	
Comprehensive (Y or N):		Deductible:			
Collision (Y or N):		Deductible:			
Assigned driver:				Miles to work:	

Careful responses are necessary to provide the most accurate quotation.

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You can mail it to:

Elliott Insurance Service, Inc.
 PO Box 1348
 Yakima, WA 98907

Or, drop it by our office at:

702 N. First St.
 Yakima, WA 98901

View our [privacy policy](#)