



McKenzie Smith Eagle West Insurance Services, LLC

1341 N. McDowell Blvd. Suite A, Petaluma, CA 94954

Phone: (707) 778-9200 Fax: (707) 778-8932

www.mckenzieone.com



Today's Date: _____

Auto Insurance Quote

Applicant's Legal Name (first, middle, last): _____

Mailing Address: _____

Are all vehicles garaged here? Yes / No If not, provide garaging address:

**Email: _____

Contact Phone: _____

Mobile Phone: _____

Is your primary home currently insured with us? Yes / No

VEHICLES		DRIVERS	
		Print name First, Middle, Last	
1	Year:	1	Name:
	Make:		
	Model:		Date of Birth:
	Odometer reading:		Drivers License #:
	VIN #:		Gender:
	Alarm? Yes / No		Marital Status:
	Air bags? 1 airbag / at least 2 air bags		Relationship to insured:
	Disabling Device? OnStar / Other		What year did you get your license in the U.S.?
	Primary Use? Pleasure / Business		
	Estimated number of miles per year:		Any tickets or accidents in the past 3 years?
	Principal Driver of this vehicle:		Yes / No
	Coverage		Is so, please explain:
	Bodily Injury:		
	Property Damage:		
	Medical Payments:		
	Uninsured Motorist:		
	Comprehensive Deductible:		
	Collision Deductible:		
	Towing? Yes / No (\$7 per vehicle, 100 mile service)		
	Rental Car Reimbursement? Yes / No		

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 Auto Insurance Quote Application

ADDITIONAL VEHICLES		ADDITIONAL DRIVERS	
2	Year:	2	Name:
	Make:		
	Model:		Date of Birth:
	Odometer reading:		Drivers License #:
	VIN #:		Gender:
	Alarm? Yes / No		Marital Status:
	Air bags? 1 airbag / at least 2 air bags		Relationship to insured:
	Disabling Device? OnStar / Other		What year did you get your license in the U.S.?
	Primary Use? Pleasure / Business		
	Estimated number of miles per year:		Any tickets or accidents in the past 3 years?
	Principal Driver of this vehicle:		Yes / No
	Coverage		Is so, please explain:
	Bodily Injury:		
	Property Damage:		
	Medical Payments:		
	Uninsured Motorist:		
	Comprehensive Deductible:		
	Collision Deductible:		
	Towing? Yes / No (\$7 per vehicle, 100 mile service)		
	Rental Car Reimbursement? Yes / No		
ADDITIONAL VEHICLES		ADDITIONAL DRIVERS	
3	Year:	3	Name:
	Make:		
	Model:		Date of Birth:
	Odometer reading:		Drivers License #:
	VIN #:		Gender:
	Alarm? Yes / No		Marital Status:
	Air bags? 1 airbag / at least 2 air bags		Relationship to insured:
	Disabling Device? OnStar / Other		What year did you get your license in the U.S.?
	Primary Use? Pleasure / Business		
	Estimated number of miles per year:		Any tickets or accidents in the past 3 years?
	Principal Driver of this vehicle:		Yes / No
	Coverage		Is so, please explain:
	Bodily Injury:		
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