WRC AGENCY

P.O. Box 7988, Madison, Wisconsin 53707-7988
(608) 242-4519 or (800) 329-7020   Fax: (608) 442-5029   www.wrcagency.com

Non-Owned Auto Quote Form

1st Auto Agent   Lead Referral   Mutual Agent

**Please note that the accuracy of our quote(s) provided to you is only as accurate as the information that you have provided to our agency.

Client Name (Including M.I.)		Mutual	
Client Address		Agency	
How long at Address?		Agent	
Prior Address (If less than 2 years)		Agent Phone #	
Client County		Agent Email	
Client Phone #		Client Email	

DRIVER INFORMATION

Driver Name	Sex	Marital Status	Relation to Insured	Date of Birth	SR-22 Needed?

Driver's License Number	State of Driver's License	Social Security Number

CLAIM INFORMATION

Driver Name	Claims/Accidents/Violations within the past 5 years	Claim Amount

PRIOR INSURANCE INFORMATION

Is the Driver currently insured? If so, please fill out the next section.			
Current Insurance Company:	Number of years with the company:	Policy Period:	Premium:
Please list other companies already quoted with:			

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COVERAGES

Bodily Injury Liability	Property Damage Liability	Medical Payment Liability	Uninsured Motorist Liability	Underinsured Motorist Liability

DISCOUNTS

Are you a Home owner?	EFT (Electronic Funds Transfer)?

I have read the following paragraph to the applicant and they have given permission to continue:
The companies used by the WRC Agency collect information from credit history and loss reports for rating purposes. This information is shared only with the companies in which we quote. Do we have permission to order this information and provide you with proposal for coverage?

Agent Signature (Required)	Permission Given By: (Required)	Date: (Required)

Please list additional information if it was not stated above: