

WRC AGENCY

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Personal Auto Quote Form

APPLICANT		SUBMITTING AGENT		
Name(s):		Name:		
Address:		Agency:		
Prior Address: <i>(if less than 2 years)</i>		Phone:		
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell		Email:		
Email:				
Current Insurance:	Current Policy Expiration Date:	# of Years with company:	Current Premium	
Please list the companies the client has already been quoted with:				
HOUSEHOLD MEMBER/DRIVER INFORMATION				
<i>List all household members age 15 & over.</i>				
	#1	#2	#3	#4
Name (as appears on license)				
Sex & Marital Status	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Relationship to Insured				
Date of Birth				
Social Security #				
Driver's License #				
License State/Status				
Date Licensed	<i>If Youthful Driver</i>	<i>If Youthful Driver</i>	<i>If Youthful Driver</i>	<i>If Youthful Driver</i>
Occupation				
Highest Level of Education				
CLAIM/VIOLATION INFORMATION				
Driver Name	Claims/Accidents/Violations within the past 5 years	Date of Loss/ Violation	Claim Amount BI/Med/Prop	

CLUE & MVR reports will not be ordered until quote is accepted.

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

VEHICLE INFORMATION				
Vehicle	#1	#2	#3	#4
Year				
Make/Model				
VIN				
Value of Vehicle				
Primary Operator				
Title Holder				
Vehicle Use /Annual Miles				
Commute Miles per Week				
Garaging Zip Code				
Lienholder/ Add'l Ins.				

COVERAGES				
Vehicle	#1	#2	#3	#4
Bodily Injury Liab.				
Property Damage Liab.				
Medical Payments				
UM/UIIM				
Comp. Ded.				
Collision Ded.				
Add'l Cov. Tow/Rental				

GENERAL INFORMATION		DISCOUNTS	
Customized Equipment? Description & Value		Homeowner?	Mobile Homeowner?
Snow Plow attached? Plowing done for others?		Homeowner or Renters w/ Mutual?	
Any household member with own insurance? Driver & Company		Mutual Name?	

I have read the following paragraph to the applicant and they have given permission to continue:
 The companies used by the WR 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)
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