



Riggi & Associates, Inc.  
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INFORMATION SHEET FOR AUTO INSURANCE QUOTE

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ How Long \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\*\*\*\*E-Mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Total No. in Household \_\_\_\_\_ Current Auto Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of birth \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Tickets last 3-5 years \_\_\_\_\_ Accidents- at Fault \_\_\_\_\_ Not At Fault \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Job Classification \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Group Number \_\_\_\_\_  
Name of Company

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

# 1 Year-Make-Model of Vehicle \_\_\_\_\_

Vehicle Number \_\_\_\_\_

Lien Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

#2 Year-Make-Model \_\_\_\_\_

Vehicle Number \_\_\_\_\_

Lien Holder \_\_\_\_\_

Address \_\_\_\_\_

Coverage requested: No Fault Only \_\_\_\_\_ No Fault with Comprehensive \_\_\_\_\_ Collision \_\_\_\_\_ Rental Car \_\_\_\_\_

Limits Requested: Liability \_\_\_\_\_ Comp \_\_\_\_\_ Collision \_\_\_\_\_

**Additional Drivers**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ License # \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ License # \_\_\_\_\_

Use Back of Sheet if necessary