SCHNEIDER INSURANCE SERVICES

Today's Date	
NEW HOUSEHOL <u>D A</u> UTO QUOTE	
Name	How did you hear about us?
Address	Phone
City, State, Zip	Email
Current Insurance Company	Current Renewal Date
DRIVER INFORMATION	
Driver #1	Driver #2
D/O/B	D/O/B
Driver's Liscence #	Driver's Liscence #
SSN	SSN
Occupation / Student	Occupation / Student
Ticket(s)	Ticket(s)
Claim(s)	Claim(s)
Good Student (Yes/No)	Good Student (Y/N)
SDD (Within 3 years?) (Y/N)	SDD (Within 3 years?) (Y/N)
VEHICLE INFORMATION	
Year Make Model	Year Make Model
VIN	VIN
New (Y/N) Residual Debt (Y/N)	New (Y/N) Residual Debt (Y/N)
Urepaired Damage	Urepaired Damage
Current Coverage	
Bodily Injury (Circle or Highlight):	Bodily Injury (Circle or Highlight):
30/60 100/300 250/500 500/500	30/60 100/300 250/500 500/500
Property Damage (Circle or Highlight):	Property Damage (Circle or Highlight):
100 500	100 500
Comprehensive Deductable (Circle or Highlight):	Comprehensive Deductable (Circle or Highlight):
\$250 \$500 \$750 \$1,000	\$250 \$500 \$750 \$1,000
Collision Deductable (Circle or Highlight):	Collision Deductable (Circle or Highlight):
\$250 \$500 \$750 \$1,000	\$250 \$500 \$750 \$1,000
Glass (Y/N)	Glass (Y/N)
Towing (Y/N)	Towing (Y/N)
Rental Car (Y/N)	Rental Car (Y/N)
Payment Type (Please select from the following)	
PIF 6 month PIF 12 month Monthly EFT Monthly Paper Bills Other	

Insured's Signature