



# Auto and Motorcycle Insurance Quote Sheet

## Canopy Insurance Agency

(P) 321-633-1500 (F) 321-633-3731

Name: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Driver's License: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Education: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Spouse: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Driver's License: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Education: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Additional People in Home

Name	Date of Birth	License #	Occupation	Relationship	Exclude?

Claims/Tickets in past five years: \_\_\_\_\_

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

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

All addresses in past two years:


Previous Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How long with carrier: \_\_\_\_\_ Lapse in coverage: Y N If yes, how long: \_\_\_\_\_

Auto used in business: Y N If yes, describe: \_\_\_\_\_

Company car: Y N How is vehicle titled: \_\_\_\_\_

### Vehicles

Year	Make	Model	VIN #	Driver	Use

Lien Holders: Y N

### Coverage

Liability Limits: 10/20 25/50 50/100 100/300 250/500 Other: \_\_\_\_\_ Medical: \_\_\_\_\_

Underinsured/Uninsured Motorist Coverage: \_\_\_\_\_

Comprehensive Deductible: \_\_\_\_\_ Collision Deductible: \_\_\_\_\_ Towing: Y N

Rental Reimbursement: Y N

Umbrella Quote: Y N Umbrella Limits: \_\_\_\_\_