## **AUTO INS QUOTE INFORMATION SHEET**

Name:			Day Phone:			Eve	Eve Phone:	
Address:			City/Zipcode:					
Current Ins Co:		Expiration Date:						
VEHICLES:	<u>1</u>		<u>2</u>	<u>3</u>			<u>4</u>	
Year								
Make								
Model								
Driven To Work	Yes No	YesNo	Yes	_No	Yes	_No		
Annual Mileage								
Principal Operator:						<del></del>		
COVERAGES: Bodily Injury								
<b>Property Damage</b>								
Medical Payments				_				
Uninsured Motorist								
Comprehensive DED	·							
Collision DED								
Towing/Rental				_		·		
DRIVERS: Name								
DOB/Sex		/	/			/	/	
Marital Status								
Years Licensed					_			
Accidents?		····		<u> </u>				
Moving Violations? REMARKS: (Please fu	ırnish us with an	y other informa	tion that may at	ffect your q	uote)	<del></del> -		

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