DiBuduo & DeFendis Insurance Group
…an Assurex Partner

Automobile Quotation Work Sheet

Name of Insured: _____

Address: _____

Phone Number – Home: _____Work: _____

Occupations: _____

OPERATOR INFORMATION

Driver #	Name	DOB	CDL	First Licensed	M/S	Good Student	Cites/Accidents
1							
2							
3							
4							

	Driver #1	Driver #2	Driver #3	Driver #4
Year / Make				
Model				
BI / CSL				
PD				
Med				
UM				
Comp				
Collision				
Towing				
Rental				
Use				
Annual Mileage				

INFORMATION NEEDED ON EACH OPERATOR - HAS ANY DRIVER?

1.	Ever been treated for epilepsy, diabetes, heart condition. or mental impairment?	YES/NO ☐ ☐	8.	Been convicted for any moving traffic violations last 3 years?	YES/NO ☐ ☐
2.	Any physical impairment or deformity?	YES/NO ☐ ☐	9.	Ever been convicted for driving and drinking, open bottle, possession of alcohol, etc..?	YES/NO ☐ ☐
3.	A history of fainting, loss of consciousness, blackouts, seizures or convulsions?	YES/NO ☐ ☐	10.	Ever convicted for use of possession of drugs?	YES/NO ☐ ☐
4.	Had CDL suspended or revoked in 3 years?	YES/NO ☐ ☐	11.	Been involved in accident last 3 years regardless of fault**?**	YES/NO ☐ ☐
5.	Had a restricted or expired CDL?	YES/NO ☐ ☐		If yes, any BI?	YES/NO ☐ ☐
6.	Had a lapse in coverage last 3 years?	YES/NO ☐ ☐	12.	Had a vehicle stolen in last 5 years?	YES/NO ☐ ☐
	If yes, how long:		13.	Been convicted of criminal offense?	YES/NO ☐ ☐
7.	Had insurance cancelled or declined?	YES/NO ☐ ☐			

REMARKS:

_____
_____
_____
_____