



FARMERS

Farmers Insurance Group/Novy Insurance Services

C/o 3507 W. Stetson Ave #158

Fax: 951-346-3292

Hemet, CA 92545

Tel: 951-652-0516

AUTO INSURANCE QUOTE SHEET

Dear Client:

Below is the list of items we need in order to obtain a quotation for General Liability Insurance. Fax those items back with the completed form. If new business items (B) and (C) will not pertain.

- A. This completed form (all questions must be answered)
- B. Last year's declaration page(s) (shows name of your company, dates of policy and class codes)
- C. 3-5 year loss runs (Claims report from previous insurance company showing all losses and amounts paid. Must be ordered within the last 60 days).

1. Full name of business: _____
 Address: _____
 Check one: Individual ___ Partnership ___ Corporation ___ Non Profit ___
 Location: _____ Phone # _____
 _____ Fax # _____

2. Tax payer ID number: _____

3. Owners' names: _____ % of ownership? _____
 _____ % of ownership? _____
 _____ % of ownership? _____

4. General description of what your business is or does _____

5. Gross receipts last year \$ _____ Next 12 months \$ _____

6. Number of employees _____

VEHICLES

<u>YEAR</u>	<u>MAKE</u>	<u>VIN NUMBER</u>	<u>COST NEW</u>	<u>COMP DED.</u>	<u>COLL. DED.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DRIVER INFORMATION

<u>Full Name</u>	<u>Driver's License #</u>	<u>Date of birth</u>	<u>Social Security number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Client Signature: _____
0E27181

Date: _____

Christine Collins Lic.#