

Please print, complete and mail, fax or email to Keister & Keister Agency, Inc.

Keister & Keister Agency, Inc.
PO Box 469
6750 Stillwater Blvd. N.
Stillwater, MN 55082
Fax: 651-430-1908
info@keisterandkeister.com

AUTOMOBILE REQUEST FOR QUOTATION

APPLICANT _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

DWELLING LOCATION IF NOT SAME AS ABOVE _____

TELEPHONE # HOME _____ WORK _____

CELL _____ FAX _____

EMAIL _____ SOCIAL SECURITY # _____

CURRENT INSURANCE CO _____ EXPIRATION DATE _____

OCCUPATION: _____

DESCRIPTION OF AUTOS:

DESCRIPTION	CAR 1	CAR 2	CAR 3	CAR 4
YEAR				
MAKE				
MODEL				
VIN				
# OF DOORS				
PRIMARY DRIVER				
USAGE				
MILES TO WORK 1 WAY				
AIR BAGS				
ABS 2/4				
SECURITY SYSTEM				
LIABILITY LIMITS				
COMPREHENSIVE DEDUCTIBLE				
COLLISION DEDUCTIBLE				
GLASS COVERAGE				
TOWING/RENTAL COVERAGE				
LOSS PAYEE				

DRIVER INFORMATION

NAME	M/F	DATE OF BIRTH	DRIVERS LICENSE # AND STATE ISSUED	RELATIONSHIP TO APPLICANT	OCCUPATION*

* For "Student" provide current Grade Point Average/Distance to college

GENERAL INFORMATION

1. Has any company cancelled or refused you insurance in the past 5 years? Y/N,

Explain: _____

2. Has any driver listed above been convicted of a moving traffic violation in the past 5 years? Y/N

Explain: _____

3. Has any driver had an accident in excess of \$300 in the past 5 years? Y/N

Explain: _____

4. Have you filed any Bankruptcy, foreclosures, or tax liens in the last 7 years? Y/N

Explain: _____