

**HEFFERNAN INS AGENCY
 1703 TREMONT ST - PO BOX 1360
 GALVESTON TX 77553
 409-765-9011 OFFICE
 409-763-4567 FAX**

AUTOMOBILE INSURANCE QUOTE

Today's Date: _____

Name: _____

Address: _____

Phone Home: _____ Work: _____ E-mail: _____

Current Insurance Company: _____

Current Policy renewal date: _____

Driver Information:

Driver #1

Name: _____

DOB: _____

DL#: _____

SS#: _____

Marital Status: _____

Gender: _____

Vehicle driven most: _____

*Credits: DD DT DA

DD - Defensive Driving

Driver Information:

Driver #2

Name: _____

DOB: _____

DL#: _____

SS#: _____

Marital Status: _____

Gender: _____

Vehicle driven most: _____

*Credits: DD DT DA

DT - Driver Training

Driver Information:

Driver #3

Name: _____

DOB: _____

DL#: _____

SS#: _____

Marital Status: _____

Gender: _____

Vehicle driven most: _____

*Credits: DD DT DA

DA - Drug & Alcohol Class

Driver History: Has any driver listed had tickets or accidents in the past 3 years? If so, list driver(s) and type of violation(s): _____

Vehicle Information:

#	Year	Make	Model	Vehicle ID Number	Usage: (P)leasure/ To & From (W)ork
1					
2					
3					
4					

Coverage Information:

Liability* -	Bodily Injury	25/50	50/100	100/300	
	Property Damage	25,000	50,000	100,000	
Personal Injury Protection		2,500	5,000	10,000	Rejected
Uninsured Motorist -	Bodily Injury	25/50	50/100	100/300	Rejected
	Property Damage	25,000	50,000	100,000	
Comp (Other than Collision) Deductible		\$100	\$250	\$500	\$1000
Collision Deductible		\$100	\$250	\$500	\$1000
Rental Reimbursement		\$25	\$30	\$35	\$50
Towing		\$40	\$80	\$120	

Heffernan Insurance Agency fax: 409-763-4567