Auto Insurance Quote Information Form

Steele Insurance Agency | 804-883-5858

Complete all known details. Fields are fillable on computer or mobile PDF readers.

Applicant Information

First Name

Last Name

Physical Address

Mailing Address

Phone

Email

Date of Birth

Marital Status

Preferred Contact Method Select

Quote Needed By

Current Insurance Information

Current Carrier

Policy Number

Expiration Date

Years With Carrier

Current Premium

Payment Plan Select

Coverage Requested

Liability Limits Select

Deductibles Select

☐ Collision ☐ Comprehensive ☐ Rental ☐ Roadside ☐ Gap/Loan Lease

☐ Medical Payments ☐ Uninsured/Underinsured Motorist ☐ Full Glass

Additional Coverage Notes

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Driver Information - repeat for each driver

Driver Name	DOB	License #	State	Occupation	Violations/Accidents

☐ All household members listed? ☐ Any SR-22/FR-44 required? ☐ Any student/young driver?

Driver Notes

Vehicle Information - repeat for each vehicle

Year	Make	Model	VIN	Use	Lienholder/Lease	Annual Miles
				Select		
				Select		
				Select		
				Select		
				Select		

Garaging Address, if different

☐ Any modified/custom vehicles? ☐ Any rideshare/delivery use? ☐ Any classic/collector vehicle?

Vehicle Notes

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Prior Claims / Loss History

Date	Driver	Type of Loss	Amount Paid	At Fault?	Description
				Select	
				Select	
				Select	
				Select	

Underwriting Questions

☐ Yes ☐ No Any driver had license suspended or revoked?

☐ Yes ☐ No Any driver excluded from current/previous policy?

☐ Yes ☐ No Any vehicle used for business, delivery, or rideshare?

☐ Yes ☐ No Any household member not listed above?

☐ Yes ☐ No Any prior insurance lapse in the last 12 months?

Explanation for any Yes answers

Discounts / Additional Notes

☐ Home/auto bundle ☐ Life policy ☐ Auto pay ☐ Paperless ☐ Telematics

Notes / Special Instructions

This quote request is for information gathering only and does not bind or change coverage. Coverage is not effective until confirmed by the agency and carrier.