



ALEXANDER EDDY
INSURANCE AND
FINANCIAL SERVICES

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INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGEMENT

Request for Automobile Insurance Quote

Name: _____ Date: _____

Address: _____

How did you hear about us? _____ Are you currently insured? Yes No

List of Drivers

1) Name: _____ DOB: _____ 2) Name: _____ DOB: _____
 DL # _____ Relationship: _____ DL # _____ Relationship: _____
 Occupation: _____ Date First Licensed: _____ Occupation: _____ Date First Licensed: _____

3) Name: _____ DOB: _____ 4) Name: _____ DOB: _____
 DL # _____ Relationship: _____ DL # _____ Relationship: _____
 Occupation: _____ Date First Licensed: _____ Occupation: _____ Date First Licensed: _____

Have any of the above drivers had any of the following:

Moving violations in the last 3 yrs? Yes No
 Any accident in the last 5 yrs Yes No
 Any injuries? Yes No
 Licensed at 16? Yes No

If not, indicate year. _____

If you answered "YES" to any of the above please indicate the date, description and if the driver was at fault or not.

List of Vehicles

Year _____ Make _____ Model _____
 VIN: _____
 Driver: _____ Usage: Work/School Pleasure Business
 Odometer: _____ One-way miles _____ Annual Miles _____

Year _____ Make _____ Model _____
 VIN: _____
 Driver: _____ Usage: Work/School Pleasure Business
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 VIN: _____
 Driver: _____ Usage: Work/School Pleasure Business
 Odometer: _____ One-way miles _____ Annual Miles _____

Limits of Coverage

Liability Limits: \$ _____ per person \$ _____ per accident
 Property damage \$ _____
 Uninsured Motorist: \$ _____ per person \$ _____ per accident
 Medical Expense \$ _____
 Comprehensive Deductible \$ _____ Collision Deductible \$ _____
 Rental Reimbursement _____ Towing _____

Signature: _____

Thank you for your interest. We look forward to speaking with you soon regarding your quote.

****Please fax or email the completed form back to us***

AEIFS, Inc. accepts policy change and bind requests via email and fax but the receipt thereof does not constitute coverage. Email and fax communications are not 100% reliable. It is the responsibility of the insured to confirm that the agent has received and processed the email or faxed correspondence and bind requests. A formal acknowledgement from us will constitute proper receipt and processing of a change request or a bind order. Please keep in mind that this correspondence does not constitute acceptance of the risk or an agreement to insure, and it does not create any obligation of any kind, contractual or otherwise. Once you submit all required documentation we will review your completed application or request and if acceptable we will inform you of our decision and provide you with a binder, provided that you have submitted the required payment and all required documents.

