



Lone Star Insurance Agency

137 NW Ellison (behind DQ, next to Allstate)

Burleson, TX 76028

Phone 817-426-2886 / Fax 817-426-2887

Auto Quote Sheet

This PDF form is an alternative to filling out our on-line secure form. Scroll down and you will be able to enter information while the form is open. If the cell you are entering information into appears too small don't worry, the font will automatically reduce in size to fit the space. Once you have the form filled out, print it off and then either fax, mail, or bring it by our office.

Please be aware all of the information that is being requested is necessary in order to properly calculate rates.

Warning, there are many web sites out there that promote getting competing quotes for auto insurance. These sites are NOT licensed insurance agents or agencies. These sites are simply selling your information to insurance agents and you have no control over who acquires your information. We highly discourage providing your personal information to anyone but a licensed agent or agency.

By submitting information to obtain a quote you hereby authorize us to run consumer related reports including loss reports, motor vehicle reports and credit reports. Regarding credit reports, we do not see any of your personal information, it simply assigns an insurance score which is then used for rating purposes. Additionally, it does not affect your overall credit score...it merely shows up as a non-purchase insurance inquiry. For more information on why "credit" is used see the article entitled "Your Credit and Your Claims History" located on our Important Files tab. Just so you know, ALL major companies use credit. You can find detailed information on the use of credit scoring on the Texas Department of Insurance web site at <http://www.tdi.state.tx.us/credit/>

Auto Quote Sheet

Driver Information

Driver #1

Name _____ Birthday _____ SS # _____

Driver License Number _____ DL State _____ Age when license issued _____

Relationship to named insured _____ Marital Status _____

Employer _____ Job Title _____

Home phone _____ Cell phone _____ email _____

Defensive driving in last 3 years (yes or no) _____ If full time student under age 25 is GPA 3.0 or better _____

Describe any tickets, wrecks, claims for past 5 years including dates _____

Any other remarks we should know _____

Driver #2

Name _____ Birthday _____ SS # _____

Driver License Number _____ DL State _____ Age when license issued _____

Relationship to named insured _____ Marital Status _____

Employer _____ Job Title _____

Home phone _____ Cell phone _____ email _____

Defensive driving in last 3 years (yes or no) _____ If full time student under age 25 is GPA 3.0 or better _____

Describe any tickets, wrecks, claims for past 5 years including dates _____

Any other remarks we should know _____

Driver #3

Name _____ Birthday _____ SS # _____

Driver License Number _____ DL State _____ Age when license issued _____

Relationship to named insured _____ Marital Status _____

Employer _____ Job Title _____

Home phone _____ Cell phone _____ email _____

Defensive driving in last 3 years (yes or no) _____ If full time student under age 25 is GPA 3.0 or better _____

Describe any tickets, wrecks, claims for past 5 years including dates _____

Any other remarks we should know _____

Driver #4

Name _____ Birthday _____ SS # _____

Driver License Number _____ DL State _____ Age when license issued _____

Relationship to named insured _____ Marital Status _____

Employer _____ Job Title _____

Home phone _____ Cell phone _____ email _____

Defensive driving in last 3 years (yes or no) _____ If full time student under age 25 is GPA 3.0 or better _____

Describe any tickets, wrecks, claims for past 5 years including dates _____

Any other remarks we should know _____

Vehicle Information

Vehicle #1

VIN _____ Year _____ Make _____ Model _____

Cost new _____ Current Mileage _____ Original Owner (yes or no) _____

Purchase date _____ How is it used (work, pleasure, farm, business) _____

Primary operator name _____ Miles one way to work _____

Who is vehicle titled to and their relationship to named insured _____

Leinholder info _____

Check all that apply: _____ Alarm system _____ Air bags _____ 4 wheel anti-locks brakes

Additional remarks _____

Vehicle #2

VIN _____ Year _____ Make _____ Model _____

Cost new _____ Current Mileage _____ Original Owner (yes or no) _____

Purchase date _____ How is it used (work, pleasure, farm, business) _____

Primary operator name _____ Miles one way to work _____

Who is vehicle titled to and their relationship to named insured _____

Leinholder info _____

Check all that apply: _____ Alarm system _____ Air bags _____ 4 wheel anti-locks brakes

Additional remarks _____

Vehicle #3

VIN _____ Year _____ Make _____ Model _____

Cost new _____ Current Mileage _____ Original Owner (yes or no) _____

Purchase date _____ How is it used (work, pleasure, farm, business) _____

Primary operator name _____ Miles one way to work _____

Who is vehicle titled to and their relationship to named insured _____

Leinholder info _____

Check all that apply: _____ Alarm system _____ Air bags _____ 4 wheel anti-locks brakes

Additional remarks _____

Vehicle #4

VIN _____ Year _____ Make _____ Model _____

Cost new _____ Current Mileage _____ Original Owner (yes or no) _____

Purchase date _____ How is it used (work, pleasure, farm, business) _____

Primary operator name _____ Miles one way to work _____

Who is vehicle titled to and their relationship to named insured _____

Leinholder info _____

Check all that apply: _____ Alarm system _____ Air bags _____ 4 wheel anti-locks brakes

Additional remarks _____

General Information

What prompted you to contact our agency _____

Named Insured _____

Address (street, city, state, zip) _____

County _____ How long at present address _____

If less than 3 years at present address provide prior address _____

Type of home (single family, mobile, apartment, etc) _____ Own or rent _____

Current insurance company name _____

Length of time with current company _____ Current cost _____

How long have you maintained continuous liability insurance with no lapse _____

Coverage Information

(if a particular coverage is not requested please enter "rejected")

Liability limits (applicable to all vehicles) _____

Uninsured / Underinsured Motorists limits (all vehicles) _____

Personal Injury Protection _____ Medical Payments _____ Death Indemnity _____

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Collision Deductible				
Comprehensive Deductible				
Rental Coverage Amount				
Towing Coverage Amount				

Additional remarks _____
