

Warner Insurance

6501 Paradise Blvd Nw Ste. H
Albuquerque, NM, 87114

Phone: (505)899-7000 Fax: (505)899-7014

Personal Auto Insurance Quote Sheet

Quote Date: _____

Applicant's Information:

Home Tel#: _____

Work Tel#: _____

Current Carrier: _____

Expiration Date: 6/23/2007

Driver Information:

| | First Name | Last Name | Sex | M.S. | DOB | License # | State | SSN |
|---|------------|-----------|-------|-------|-------|-----------|-------|-------|
| 1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Accident Information:

| Drv # | Date | Violation | Drv # | Date | Violation |
|-------|-------|-----------|-------|-------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Vehicle / Coverage Information:

| Year | Make | Model | VIN | Comp/Coll | T/L | Rental | Cus Equ |
|------|-------|-------|-------|-----------|-------|--------|---------|
| 1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Coverage / Premium Information:

| | | | |
|-------------------------------|--------------|--------------------|-----------------|
| Liability - Bodily Injury : | <u>20/40</u> | Policy Term: | <u>6 Months</u> |
| Liability - Property Damage : | <u>15</u> | Premium: | _____ |
| Personal Injury Protection: | <u>None</u> | Policy Fee: | _____ |
| Medical Payment: | <u>None</u> | Agency Fee: | _____ |
| UM - Bodily Injury: | <u>None</u> | TERM TOTAL: | _____ |
| UM - Property Damage: | <u>None</u> | | |

Discounts / Surcharges / Notes:

Down Payment: _____
Monthly Payment: _____
No. of Payments _____