



**WEST TEXAS INSURANCE EXCHANGE, INC.**

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**AUTO INSURANCE QUOTE**

<b>NAME</b>	<b>Social Security</b>	<b># Phone</b>
	- -	( ) -
<b>Physical Address</b>	<b>City</b>	<b>ST&amp; Zip</b>

**Driver Information**

	<b>Name</b>	<b>DL #</b>	<b>Date of Birth</b>
Driver 1			
Driver 2			
Driver 3			
Driver 4			

**Violations with in the last 3 years:**

Driver 1: Speeding tickets &/or other violations 1 2 3  (how many) Accidents, 1 2 3; DWI/DUI 1 2

Driver 2: Speeding tickets &/or other violations 1 2 3  (how many) Accidents, 1 2 3; DWI/DUI 1 2

Driver 3: Speeding tickets &/or other violations 1 2 3  (how many) Accidents, 1 2 3; DWI/DUI 1 2

Driver 4: Speeding tickets &/or other violations 1 2 3  (how many) Accidents, 1 2 3; DWI/DUI 1 2

**Vehicle Information**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Vehicle ID #</b>	<b>Original Cost New</b>	<b>Vehicle Use (select one)</b>	<b>Distance to work /school (1 way)</b>
					<input type="checkbox"/> To & From Work/School <input type="checkbox"/> Business <input type="checkbox"/> Pleasure	_____ miles
					<input type="checkbox"/> To & From work/school <input type="checkbox"/> Business <input type="checkbox"/> Pleasure	_____ miles
					<input type="checkbox"/> To & From work/school <input type="checkbox"/> Business <input type="checkbox"/> Pleasure	_____ miles
					<input type="checkbox"/> To & From work/school <input type="checkbox"/> Business <input type="checkbox"/> Pleasure	_____ miles

**Name & Address of institution financing the vehicle.**

	<b>Institution's Name</b>	<b>Address</b>	<b>City</b>	<b>State &amp; Zip</b>
Auto 1				
Auto 2				
Auto 3				
Auto 4				

Limits of Liability: \_\_\_\_\_ Uninsured/Underinsured Limits: \_\_\_\_\_

Personal Injury Protection: \_\_\_\_\_ or Medical Payments: \_\_\_\_\_

Physical damage coverage for vehicle # 1 2 3 4 5 with a deductible of \$ \_\_\_\_\_ Comp, \$ \_\_\_\_\_ Collision

Current Insurance Carrier \_\_\_\_\_

Current Premium \$ \_\_\_\_\_ every month quarter semi-annual year

Has insurance cancelled for non-payment of premium within the last 3 years yes no.

How many Claims have been filed on your insurance policy for the last 3 years 1 2 3 4 5

State the date & type of claim, amount of claim and current status (open or closed).

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All information entered on this form is true and correct to the best of my knowledge. All quotes are subject to underwriting criteria and availability of rates. By sending this form you are authorizing West Texas Insurance Exchange, Inc., to obtain all reports necessary to quote your coverage with companies available to us. These reports may contain credit reports, driving records and claim history.