

THE RICHARDSON AGENCY

L.L. Richardson Corporation

AUTO INSURANCE QUOTE / APPLICATION INTAKE FORM

Please complete all applicable fields. Information will be used to obtain insurance quotes and evaluate coverage options.

APPLICANT INFORMATION

Applicant/Named Insured: _____

Date of Birth: _____ Marital Status: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Mailing Address (if different): _____

Residence: ☐ Own ☐ Rent ☐ Other: _____

CURRENT INSURANCE

Current Insurance Company: _____

Policy Expiration Date: _____ Years Continuously Insured: _____

Current Liability Limits: _____

Reason for Shopping: ☐ Price ☐ New Vehicle ☐ Moving ☐ Coverage ☐ Other

DRIVER INFORMATION

Driver 1 Name: _____ DOB: _____ License State: _____

License #: _____ Relationship: _____

Driver 2 Name: _____ DOB: _____ License State: _____

License #: _____ Relationship: _____

Driver 3 Name: _____ DOB: _____ License State: _____

License #: _____ Relationship: _____

Driver 4 Name: _____ DOB: _____ License State: _____

License #: _____ Relationship: _____

DRIVING HISTORY - PAST 3 TO 5 YEARS

List accidents, tickets, suspensions, claims, or major violations for any driver:

Any driver requiring an SR-22? ☐ No ☐ Yes If yes, explain: _____

VEHICLE INFORMATION

Vehicle 1 Year/Make/Model: _____

VIN: _____ Annual Mileage: _____

Primary Use: ☐ Commute ☐ Pleasure ☐ Business Miles to Work: _____

Ownership: ☐ Own ☐ Finance ☐ Lease Lienholder: _____

Vehicle 2 Year/Make/Model: _____

VIN: _____ Annual Mileage: _____

Primary Use: ☐ Commute ☐ Pleasure ☐ Business Miles to Work: _____

Ownership: ☐ Own ☐ Finance ☐ Lease Lienholder: _____

Vehicle 3 Year/Make/Model: _____

VIN: _____ Annual Mileage: _____

Primary Use: ☐ Commute ☐ Pleasure ☐ Business Miles to Work: _____

Ownership: ☐ Own ☐ Finance ☐ Lease Lienholder: _____

REQUESTED COVERAGE

Bodily Injury / Property Damage Limits: _____

Uninsured/Underinsured Motorist: ☐ Include ☐ Decline/Discuss

Personal Injury Protection (PIP): ☐ Include ☐ Decline/Discuss

Comprehensive Deductible: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other: _____

Collision Deductible: ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other: _____

Rental Reimbursement: ☐ Yes ☐ No Roadside/Towing: ☐ Yes ☐ No

Other Coverage Requests: _____

POTENTIAL DISCOUNTS / ADDITIONAL COVERAGE

Check all that may apply:

☐ Homeowner ☐ Renter ☐ Multi-policy ☐ Multi-vehicle

☐ Good student ☐ Defensive driving ☐ Telematics/safe driving

☐ Paid in full ☐ Automatic payments ☐ Other: _____

Interested in a quote for: ☐ Home ☐ Renters ☐ Umbrella ☐ Life ☐ Other

APPLICANT AUTHORIZATION

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that this form is used to gather information for insurance quoting and does not bind coverage or constitute an insurance policy. Coverage is effective only when confirmed by the insurance carrier or authorized agency representative and all required conditions are satisfied.

Applicant Signature: _____ Date: _____

Agent/Representative: _____ Date: _____

Privacy note: Do not place Social Security numbers, bank account numbers, or payment card information on this general intake form. Collect sensitive information only through approved secure carrier/agency processes when required.