



After completion, please email form to [jill@hisaline.com](mailto:jill@hisaline.com)

### Auto Quote Questions

Name(s) \_\_\_\_\_

Address (w/ ZIP CODE) \_\_\_\_\_

Current insurance carrier name \_\_\_\_\_

Date want coverage to start: \_\_\_\_\_

# of Children in household \_\_\_\_\_

Medical Insurance? \_\_\_\_\_ Wage Loss/Disability? \_\_\_\_\_

PIP Medical Limit: UNLIMITED      \$500,000      \$250,000      OPT OUT

Tickets/at fault accidents on last 3 years (5 years for majors) List for all drivers

\_\_\_\_\_

Type of vehicle(s) (INCLUDE YEAR, MANUFACTURER, MODEL NAME, # OF DOORS, 4X4, LE, SE, GL ETC.)

\_\_\_\_\_

\_\_\_\_\_

Miles to work (each vehicle) or pleasure use \_\_\_\_\_

Liability Limits \_\_\_\_\_ Comp ded \_\_\_\_\_ Coll ded (BRD/REG) \_\_\_\_\_

Road Service (Y/N) \_\_\_\_\_ Rental Reimbursement (Y/N) \_\_\_\_\_

GROUP MEMBERSHIPS (Professional Societies, Alumni Associations, AARP, Credit Unions etc.)?

\_\_\_\_\_

Names/dates of birth/drivers license numbers for all household members

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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