



# Continental Brokers, Inc.

214 Key Drive, Suite 2000  
 Madison, MS 39110  
 Phone: 866-386-4136  
 Fax: 601-898-4793  
 Email: cs@continentalbrokers.biz

## Survey Information for Automobile Quote

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email address \_\_\_\_\_  
 County: \_\_\_\_\_  
 DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DL#: \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Automobile information:

#### Vehicle identification number

Vehicle#1 \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Sub Model \_\_\_\_\_  
 Vehicle#2 \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Sub Model \_\_\_\_\_  
 Vehicle#3 \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Sub Model \_\_\_\_\_

### Driver information

Vehicle #1 Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_ Date licensed: \_\_\_\_\_

Work Mileage: \_\_\_\_\_ Annual miles \_\_\_\_\_

Vehicle #2 Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_ Date licensed: \_\_\_\_\_

Work Mileage: \_\_\_\_\_

Annual miles \_\_\_\_\_

Vehicle #3 Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_ Date licensed: \_\_\_\_\_

Work Mileage: \_\_\_\_\_

Annual miles \_\_\_\_\_

Is there a lease or loan on any vehicle? Please indicate \_\_\_\_\_

Have any drivers taken defensive driving class? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Driver's education? \_\_\_\_\_

Tickets / Accidents within the last 3 years? If yes, list type of incident, driver, approx date and approx. amount paid. \_\_\_\_\_

Coverages: Auto #1 Auto #2 Auto #3

BIPD (liability)	Same	Same	Same
UMBI (Uninsured motorist)	Same	Same	Same
UMPD (Uninsured motorist Property damage)			
Med pay (Max. 10,000 in most Cases)	Same	Same	Same
Comp. Ded.			
Coll. Ded.			
Towing (Must have physical damage coverage)	Y / N	Y / N	Y / N
Rental (Must have physical damage coverage)	Y / N	Y / N	Y / N