



**Specialized**

INSURANCE SERVICES

www.specializedins.com

# Fax Completed Quote Form To (804) 934-9790

**By Completing And Submitting This Application You  
Are Giving Us Permission To Contact You By Phone.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Please describe any tickets, accidents or claims in the last five years. If any, please list the driver, date and an explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#	Name of Driver	Male/Female	Birth Date	Drivers License #
1				
2				
3				
4				
5				

#	Year	Make	Model	VIN	Name of Driver
1					
2					
3					
4					
5					

Coverage Limit	Auto #1	Auto #2	Auto #3	Auto #4	Auto #5
Liability					
Medical Payments					
Comp. Deductible					
Coll. Deductible					
Rental					
Towing					

**Auto Insurance Quote Form – Fax To 804-934-9790**



# Specialized

INSURANCE SERVICES

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Replacement Cost: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Year Built: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Number Of Stories: \_\_\_\_\_ Basement: Yes \_\_\_ No \_\_\_

Garage: Yes \_\_\_ No \_\_\_ *If Yes:* Attached \_\_\_ Unattached \_\_\_ Number of Garage Doors: \_\_\_\_\_

Distance (Feet) To Fire Hydrant: \_\_\_\_\_ Distance (Miles) To Fire Department: \_\_\_\_\_

Pets/Type: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Home Alarm: Yes \_\_\_ No \_\_\_ Fireplace: Yes \_\_\_ No \_\_\_

Deck: Yes \_\_\_ No \_\_\_ Swimming Pool: Yes \_\_\_ No \_\_\_

Home Improvements In Last 20 Years:

Electrical: Yes \_\_\_ No \_\_\_ *If Yes:* Date of Work: \_\_\_\_\_

Plumbing: Yes \_\_\_ No \_\_\_ *If Yes:* Date of Work: \_\_\_\_\_

Heating: Yes \_\_\_ No \_\_\_ *If Yes:* Date of Work: \_\_\_\_\_

Roof: Yes \_\_\_ No \_\_\_ *If Yes:* Date of Work: \_\_\_\_\_

Please describe any claims in the last five years. If any, please list the cause, date and an explanation:

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