

Benefits Plus Quick Quote Questionnaire

Named Insured _____ Home Phone _____

Spouse Name _____ Cell Phone _____

Mailing Address _____ E-mail _____

Current Carrier _____ Expiration Date _____ Premium _____

Driver 1 Driver 2 Driver 3

Date of Birth _____ _____ _____

DL# _____ _____ _____

SS# _____ _____ _____

Tickets or Accidents Yes No Yes No Yes No

Do you Commute to work? Yes No Yes No Yes No

Current Coverage

Liability _____ Uninsured / Underinsured Motorist _____ Medical Payments _____

Aggregate PIP Coverage Amount _____ OBEL Yes No

	Year	Make & Model	Vehicle Identification Number	Comprehensive and Collision
Veh 1	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veh 2	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veh 3	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Vehicle 1

Vehicle 2

Vehicle 3

Leased Loan Owned Leased Loan Owned Leased Loan Owned

Assigned Driver _____ Assigned Driver _____ Assigned Driver _____

How did you hear about the program?

Newsletter E-mail Payroll Stuffer On site Visit

Once you have completed this quick form please fax or email it back to the agency. We will contact you to confirm that we got it and begin working on your proposal.

E-mail - bene_plus@fraleighandrakow.com Fax - 876-5765 Phone 876-7035