

JP Insurance Group LLC Auto Quote Worksheet
2131 E Broadway Rd # 34, Tempe AZ 85282
Phone 480-621-7014 and 480-621-7220 Fax 480-621-7356

Owner Name & Social Security Number: _____

Company Name & FEIN: _____

Garaging Location: _____

Vehicle Info:

Year	Make/Model	Serial Number	Cost New	Current Value	GVW
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Will the vehicle(s) be owned by or leased to the Company? Owned ___ Leased ___
Is there a Loss Payee? If yes, give name & address & which vehicle _____

Driver Info: self & spouse and anyone else that may drive the vehicle

Name As It Appears on License	State/License Number	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Coverage Wanted:

Liability Limit: \$1,000,000 ___ \$500,000 ___ \$300,000 ___
Uninsured/Underinsured Motorists: Same as liability limit ___; Or lower, please specify limit \$_____
Medical Payments of \$5,000.00 Yes / No ___
Comp/Collision Deductibles: \$250/\$500 ___; \$500/\$500 ___; \$1,000/\$1,000 ___; Higher? ___
Non-Owned Auto Liability: no ___; yes ___ (need # of employees ___)
Hired Auto Liability: No ___ Yes ___ (need annual cost spent per year \$_____)

Company Info:

Normal radius of operation: up to 50 miles ___; up to 100 miles ___; up to 200 miles ___;
How many job sites will be visited each day on an average? _____
Who is your current Insurance Company? _____
Policy #: _____ Effective and Expiration Date _____
Liability Limit \$_____ (this is needed for maximum discounts)

In order to get a firm quote, some companies require a soft credit check on the owner, is it okay to do the credit check?
Yes ___; No ___

Your signature & Date _____