

# Hutcherson

INSURANCE SERVICES

*Business - Auto - Home - Life - Health*

1212 N. Locust Street  
Denton, TX 76201  
940.382.9696 - Office

## Auto Insurance New Business Rating Form

**Date Taken:** \_\_\_\_\_ **Taken By:** \_\_\_\_\_ **Deadline:** \_\_\_\_\_

### General Rating Questions:

1. Do you have current insurance?  Yes  No Carrier name: \_\_\_\_\_
  2. What are you looking for?  Better Price  Better Coverage  Other \_\_\_\_\_
  3. Do you have your policy information available?  Yes\*  No
- \* Ask if they would like to fax or email declarations page (then obtain Driver Information for each driver to quote). If "NO" then also fill out Coverage Section as well.

### **Best Way to Reach You:**

Telephone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Driver Information:

**Driver #1** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married:  Yes  No  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL # / State: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_ TX \_\_\_\_\_.

**Driver #2** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married:  Yes  No  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL # / State: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_ TX \_\_\_\_\_.

**Driver #3** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married:  Yes  No  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL # / State: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_ TX \_\_\_\_\_.

### Vehicle Information:

**Vehicle #1** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
VIN: \_\_\_\_\_ Who is the driver? \_\_\_\_\_  
Use:  Work  School  Retired  Pleasure  Farm  
Alarm System?  Yes  No Type: \_\_\_\_\_ Airbags?  Yes  No

**Vehicle #2** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
VIN: \_\_\_\_\_ Who is the driver? \_\_\_\_\_  
Use:  Work  School  Retired  Pleasure  Farm  
Alarm System?  Yes  No Type: \_\_\_\_\_ Airbags?  Yes  No

**Vehicle #3** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
VIN: \_\_\_\_\_ Who is the driver? \_\_\_\_\_  
Use:  Work  School  Retired  Pleasure  Farm  
Alarm System?  Yes  No Type: \_\_\_\_\_ Airbags?  Yes  No

**Coverage Information:**

Liability Bodily Injury: 30/60 50/100 100/300 250/500  
Property Damage: 25 50 100 250

Uninsured Motorist Liability: 30/60 50/100 100/300 250/500  
Uninsured Motorist Prop Damage: 25 50 100 250

Comprehensive deductible: 100 250 500 1000  
Vehicles for Comp: 1 2 3 4 5

Collision Deductible: 100 250 500 1000  
Vehicles. For Collision: 1 2 3 4 5

Personal Injury Protection: REJECT 1000 2500 5000 10000  
Medical Payments: REJECT 1000 2500 5000 10000

*Optional Coverages:*

Towing/Labor \$40 \$80  
Rental Reimbursement: \$20 day \$30 Day \$40 Day \_\_\_\_\_ Day  
Death Indemnity: \$ \_\_\_\_\_

**Credits:**

Are you a homeowner? Yes No Interested in Companion HO Policy? Yes No

If "Yes", then see Homeowner Form for Data.

Defensive Driving: Date of Course: \_\_\_\_\_ Driver's Name: \_\_\_\_\_

Commercial Driver Training Course: Date: \_\_\_\_\_ Driver's Name: \_\_\_\_\_

**Tickets/Accidents LOSSES Past 5 years:**

**1. Name of Driver:** \_\_\_\_\_ **Date of Activity:** \_\_\_\_\_

Type of Activity: \_\_\_\_\_

**2. Name of Driver:** \_\_\_\_\_ **Date of Activity:** \_\_\_\_\_

Type of Activity: \_\_\_\_\_

**3. Name of Driver:** \_\_\_\_\_ **Date of Activity:** \_\_\_\_\_

Type of Activity: \_\_\_\_\_

**Thank you for calling. It is our goal to have auto insurance quotes turned around in less than 48 hours. If you have immediate needs please let us know so we can do our best to expedite your quotation.**

Notes: \_\_\_\_\_.