

Phone: 949 305-2300 | 949 877- REZA | Fax: 949 872-2301 | reza@rezashahinsurance.com | CA Lic. # 0C52065

Please use this form to request an auto insurance quotation.

By completing this form as accurately and completely as possible, you help us get you the best premium possible.

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	MEMBER AARP? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS:	CITY:	STATE/ZIP:	PROFESSION:
DRIVERS LICENSE #:	DATE OF BIRTH:	AGE LICENSED:	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
HOME PHONE:	CELL PHONE:	EMAIL:	

SPOUSE INFORMATION

SPOUSE LAST NAME:	SPOUSE FIRST NAME:	SPOUSE MIDDLE INITIAL:	MEMBER AARP? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPOUSE DRIVERS LICENSE #:	SPOUSE DATE OF BIRTH:	SPOUSE AGE LICENSED:	PROFESSION:
ALTERNATE PHONE:	CELL PHONE:	EMAIL:	

DO YOU HAVE ADDITIONAL LICENSED DRIVERS LIVING IN YOUR HOME? YES NO IF YES, PLEASE LIST **ALL** ADDITIONAL DRIVERS ON THE BACK

VEHICLE INFORMATION LIST ADDITIONAL VEHICLES ON THE BACK

PRIMARY VEHICLE VIN #:	YEAR/MAKE/MODEL:	ODOMETER:	AVG. ANNUAL MILES:	LIC. PLATE #:
SECONDARY VEHICLE VIN #:	YEAR/MAKE/MODEL:	ODOMETER:	AVG. ANNUAL MILES:	LIC. PLATE #:
ADDITIONAL VEHICLE VIN #:	YEAR/MAKE/MODEL:	ODOMETER:	AVG. ANNUAL MILES:	LIC. PLATE #:

DRIVER INFORMATION

IN THE LAST 3 YEARS, HAVE YOU OR YOUR SPOUSE RECEIVED ANY:

TICKETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY?:	DATE(S) OF TICKET(S):
ACCIDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY?:	DATE(S) OF ACCIDENTS(S):

CURRENT INSURANCE COMPANY INFORMATION PLEASE PROVIDE A COPY OF YOUR CURRENT OR PREVIOUS INSURANCE POLICY

CURRENTLY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREVIOUS CARRIER:	PREVIOUS COVERAGE AMOUNT:	DEDUCTIBLE:
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PLEASE FAX/EMAIL THIS FORM ALONG WITH A COPY OF YOUR:

1. DRIVER'S LICENSE 2. VEHICLE REGISTRATION 3. PREVIOUS INSURANCE POLICY

[Print Form](#)

[Submit Form](#)

By submitting this form I certify that the information herein is accurate and true.

SIGNATURE _____

DATE _____

Auto Insurance Quote Request Form

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ADDITIONAL DRIVERS PLEASE LIST ALL OTHER LICENSED DRIVERS LIVING IN YOUR HOME				
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RELATIONSHIP:	
DRIVERS LICENSE #:	DATE OF BIRTH:	AGE LICENSED:	CELL PHONE:	
FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	GPA:	EMAIL:		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RELATIONSHIP:	
DRIVERS LICENSE #:	DATE OF BIRTH:	AGE LICENSED:	CELL PHONE:	
FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	GPA:	EMAIL:		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RELATIONSHIP:	
DRIVERS LICENSE #:	DATE OF BIRTH:	AGE LICENSED:	CELL PHONE:	
FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	GPA:	EMAIL:		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RELATIONSHIP:	
DRIVERS LICENSE #:	DATE OF BIRTH:	AGE LICENSED:	CELL PHONE:	
FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	GPA:	EMAIL:		
ADDITIONAL VEHICLE INFORMATION LIST ADDITIONAL VEHICLES YOU WOULD LIKE TO INCLUDE IN YOUR POLICY				
ADDITIONAL VEHICLE VIN #:	YEAR/MAKE/MODEL:	ODOMETER:	AVG. ANNUAL MILES:	LIC. PLATE #:
ADDITIONAL VEHICLE VIN #:	YEAR/MAKE/MODEL:	ODOMETER:	AVG. ANNUAL MILES:	LIC. PLATE #:
ADDITIONAL VEHICLE VIN #:	YEAR/MAKE/MODEL:	ODOMETER:	AVG. ANNUAL MILES:	LIC. PLATE #: