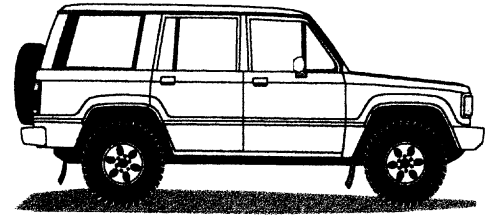


# Personal Auto Quote Form

www.thompsongusic.com (Online Quote Forms)

Fax Completed Form to: (412) 271-8898



Quote with Homeowners for add'l credits

## GENERAL INFORMATION

NAMED INSURED(S): \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY / ST / ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_

CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Premium: \_\_\_\_\_

Have you had continuous insurance coverage for the past year? Y N.....If No, past 6 months? Y N

Do you own a home? Y N Do you rent? Y N

**DRIVER INFORMATION** PLEASE BE TRUTHFUL! Insurance Company will obtain various reports. Any undisclosed accidents, violations will result in an increase in premium or cancellation of coverage.

	<u>NAME</u>	<u>D.O.B.</u>	<u>DRIVERS LICENSE #</u>	<u>ACCIDENTS / VIOLATIONS / DATE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

## VEHICLE INFORMATION

	<u>YEAR</u>	<u>MAKE</u>	<u>TYPE / MODEL</u>	<u>VIN #</u>	<u>TO WORK OR PLEASURE USE</u>	<u>ANTI THEFT</u>	<u>ANTI-L BRAKE</u>	<u>DEDUCTIBLES COMP / COLL</u>
1.	_____	_____	_____	_____	_____	_____	_____	_____/_____
2.	_____	_____	_____	_____	_____	_____	_____	_____/_____
3.	_____	_____	_____	_____	_____	_____	_____	_____/_____
4.	_____	_____	_____	_____	_____	_____	_____	_____/_____

## LIMITS OF INSURANCE

TORT? FULL \_\_\_ or LIMITED \_\_\_  
BODILY INJURY: \_\_\_\_\_  
PROPERTY DAMAGE: \_\_\_\_\_  
U / U MOTORIST: \_\_\_\_\_  
MEDICAL PAYMENTS: \_\_\_\_\_

WORK LOSS: \_\_\_\_\_  
ACCIDENTAL DEATH: \_\_\_\_\_  
FUNERAL EXPENSE: \_\_\_\_\_  
TOWING: \_\_\_\_\_  
RENTAL REIM: \_\_\_\_\_

**Thompson - Gusic Insurance Group, Inc.**  
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**(412) 271-8888**  
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