



664 Tire Hill Road
PO Box 344
Tire Hill, PA
Tel: 814-288-4005
Fax: 814-288-6955
bloughinsuranceagency.com

Blough Auto Insurance Quote

Person(s) on Policy:

- 1.) _____ Date of Birth: _____ SSN: ____ - ____ - _____
- 2.) _____ Date of Birth: _____ SSN: ____ - ____ - _____
- 3.) _____ Date of Birth: _____ SSN: ____ - ____ - _____
- 4.) _____ Date of Birth: _____ SSN: ____ - ____ - _____
- 5.) _____ Date of Birth: _____ SSN: ____ - ____ - _____
- 6.) _____ Date of Birth: _____ SSN: ____ - ____ - _____
- 7.) _____ Date of Birth: _____ SSN: ____ - ____ - _____
- 8.) _____ Date of Birth: _____ SSN: ____ - ____ - _____

Driver Information:

- Drivers License No. (Driver 1): ____ - ____ - _____ VIN No.: _____
- Drivers License No. (Driver 2): ____ - ____ - _____ VIN No.: _____
- Drivers License No. (Driver 3): ____ - ____ - _____ VIN No.: _____
- Drivers License No. (Driver 4): ____ - ____ - _____ VIN No.: _____
- Drivers License No. (Driver 5): ____ - ____ - _____ VIN No.: _____
- Drivers License No. (Driver 6): ____ - ____ - _____ VIN No.: _____
- Drivers License No. (Driver 7): ____ - ____ - _____ VIN No.: _____
- Drivers License No. (Driver 8): ____ - ____ - _____ VIN No.: _____

Current Coverages (Check all that apply):

- Bodily Injury
- Property Damage
- Uninsured Motorists Coverage
- Uninsured Motorists Coverage (Stacked or Unstacked)
- Medical Payments
- Work Loss
- Funeral Benefits
- Accidental Death

Full or Limited Tort:

- FULL
- LIMITED

First Accident Forgiveness:

- YES
- NO

Towing & Laborer:

- YES
- NO

Rental Reimbursement:

- YES
- NO

Deductibles for all vehicles (Comprehensive & Collision):

<u>Vehicle 1:</u> _____	Current Ins. Carrier _____	Exp. Date: _____
<u>Vehicle 2:</u> _____	Current Ins. Carrier _____	Exp. Date: _____
<u>Vehicle 3:</u> _____	Current Ins. Carrier _____	Exp. Date: _____
<u>Vehicle 4:</u> _____	Current Ins. Carrier _____	Exp. Date: _____
<u>Vehicle 5:</u> _____	Current Ins. Carrier _____	Exp. Date: _____
<u>Vehicle 6:</u> _____	Current Ins. Carrier _____	Exp. Date: _____
<u>Vehicle 7:</u> _____	Current Ins. Carrier _____	Exp. Date: _____
<u>Vehicle 8:</u> _____	Current Ins. Carrier _____	Exp. Date: _____

Financing Companies (If any vehicles are financed):

Vehicle 1:

Name of Financing company: _____

Address of Financing Company: _____

Vehicle 2:

Name of Financing company: _____

Address of Financing Company: _____

Vehicle 3:

Name of Financing company: _____

Address of Financing Company: _____

Vehicle 4:

Name of Financing company: _____

Address of Financing Company: _____

Vehicle 5:

Name of Financing company: _____

Address of Financing Company: _____

Vehicle 6:

Name of Financing company: _____

Address of Financing Company: _____

Financing Companies (Cont'd):

Vehicle 7:

Name of Financing company: _____

Address of Financing Company: _____

Vehicle 8:

Name of Financing company: _____

Address of Financing Company: _____

Contact Information:

Address: _____

Phone: _____

Printed Name: _____

Signature: _____ Date: _____

Return via Email:

info@bloughinsuranceagency.com

Return via USPS Mail:

664 Tire Hill Road

PO Box 344

Tire Hill, PA

Need Help filling out this form? Feel Free to contact our office during business hours.