

Auto Insurance Quote

For your free quote please fill out this form and either stop by or email it to us at info@kadoinsurance.com

*Name: _____
 *Address: _____
 *City: _____ State & Zip: _____ County: _____
 *Phone: _____ Cell #: _____
 Email _____ Preferred Contact Method: Phone email
 Years at Present Address: _____ Previous Address if less than 3 years: _____
 *indicates required field

Driver Information

Name: _____
 DOB: _____
 Married or Single: _____
 DL #: _____
 S S #: _____
 Highest Education Level _____
 Driving Record (Last 5 Yrs): _____

 Claims (Last 3-5 Yrs) \$ Amt Paid: _____

 Insured At This Time: _____
 Length of time w/current Company _____
 Company's Name: _____

Name: _____
 DOB: _____
 Married or Single: _____
 DL #: _____
 S S #: _____
 Highest Education Level _____
 Driving Record (Last 5 Yrs): _____

 Claims (Last 3-5 Yrs) \$ Amt Paid: _____

 Insured At This Time: _____
 Length of time w/current Company _____
 Company's Name: _____

Vehicle Information

Year: _____
 Make: _____
 Model: _____
 Vin #: _____
 2 Door 4 Door
 Trucks: 2W 4W Reg Cab Ext Cab
 Leinholder: _____
 Miles to Work One Way: _____
 Occupation: _____
 Place of Employment: _____

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 Make: _____
 Model: _____
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Limits

BI: (Bodily Injury)	50/100	100/300	150/300	250/500	500/500
PD: (Property Dam)	25	50	100	150	250
Uninsured	50/100	100/300	150/300	250/500	500/500
Underinsured	50/100	100/300	150/300	250/500	500/500
Medical:	1,000	2,000	5,000	10,000	
Comp Ded:	50	100	250	500	1000
Collision Ded:		100	250	500	1000
Towing:	50	75	100		
				Rental Coverage:	Yes No

Please note that filling out this form does not guarantee, bind, or constitute coverage of any kind. Actual coverage is not in effect until an application is signed by you and accepted by us.