

\*indicates required field



### 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](mailto:info@kadoinsurance.com)

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ County: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method: Phone Email Years at Present Address: \_\_\_\_\_

Previous Address if less than 1 year: \_\_\_\_\_

Number of Residents in household: \_\_\_\_\_ Age 15+ (must be listed): \_\_\_\_\_ SR22: Yes No

Date present coverage ends: \_\_\_\_\_ Preferred payment method: Annual Quarterly Monthly EFT

### Driver Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Married or Single: \_\_\_\_\_

DL #: \_\_\_\_\_

Type: Reg CDL Permit

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 #: \_\_\_\_\_

Type: Reg CDL Permit

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: \_\_\_\_\_ Year Purchased: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Vin #: \_\_\_\_\_

Leinholder: \_\_\_\_\_

Miles to Work One Way: \_\_\_\_\_

How many days a week: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Use? Yes No

Year: \_\_\_\_\_ Year Purchased: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Vin #: \_\_\_\_\_

Lienholder: \_\_\_\_\_

Miles to Work One Way: \_\_\_\_\_

How many days a week: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Use? Yes No

### 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:			250	500	1000
Collision Ded:			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.