

KEVIN SMITH INSURANCE QUICK QUOTE FORM

Fax to 817-581-1921

Name of Business _____

Lot Address _____

City _____

State _____

Zip Code _____

Telephone Number _____

Fax Number _____

Contact Person _____

Current Carrier _____

Expiration Date _____

EMPLOYEE INFORMATION

OF F/T

OF P/T

Owners _____ How many have furnished autos? _____

Sales _____ How many have furnished autos? _____

Mechanics _____ How many have furnished autos? _____

Clerical _____ How many have furnished autos? _____

Porters _____ How many have furnished autos? _____

Non-Employees _____ How many have furnished autos? _____

DESIRED COVERAGES

Liability 100,000 300,000 500,000 1,000,000

Dealers Open Lot _____

Max Value of Any Unit _____

Average # of Cars _____

Average Value Per Unit _____

Comments/Additional Coverage Requested _____

We offer many more types of coverage and will contact you with a quote.