

**Safeco Classic Car Program
Quote Information**

Driver Information

First Name: _____ MI: ____ Last Name: _____
 Address: _____ Phone: _____
 _____ Email: _____
 _____ D.O.B. _____ Gender: Female ____ Male ____
 SS#: _____ Marital Status: Single ____ Married ____ Widowed ____
 Highest Level of Education: _____ Occupation: _____
 Own Home or Condo ____ Rent Apt ____ Rent or Own Mobile Home _____

Driving Activity (last 35 months)

First Licensed (MM/YY): _____
 Minor/Major/Speed/Accidents: _____
 License Ever Suspended? Yes ____ No ____

Vehicle Information

Garaging Address (if different): State ____ City _____ Zip Code _____

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Stock or Modified:				
Year:				
Make:				
Model:				
Agreed Value:				
Annual Miles:				
Odometer:				
Buy: New or Used; Date: (MM/DD/YYYY)	New ____ Used ____ _____	New ____ Used ____ _____	New ____ Used ____ _____	New ____ Used ____ _____

Insurance Information

Present Insurer: _____ Renewal Date: _____
 Number of Months Insured: _____ Present Liability Limits: BI _____ PD _____

Coverage Information

BI/PD: _____ MED: _____
 UM/UIM: _____ PIP: _____
 UMPD: Yes ____ No ____ Other: _____
 UMPD Limit: _____ (if applicable)
 COMP/COLL DED: Veh 1: _____ Veh 2: _____ Veh 3: _____ Veh 4: _____