



Fax: 810-686-8011

Email: [quotes@eatoninsuranceservices.com](mailto:quotes@eatoninsuranceservices.com)

### Automobile Quote Supplemental Information

Name: \_\_\_\_\_  
Residing in: City name: \_\_\_\_\_ or Township name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_

#### Additional rating questions:

- YES \_\_\_ NO \_\_\_ Are any vehicles used for business use  
If yes, describe vehicle \_\_\_\_\_  
What type of business? \_\_\_\_\_ (Salesman, delivery, etc.)
- YES \_\_\_ NO \_\_\_ Are all drivers non-drinker?
- YES \_\_\_ NO \_\_\_ Are all driver non-smokers?
- YES \_\_\_ NO \_\_\_ Are there other household members of driving age not listed on this request?
- YES \_\_\_ NO \_\_\_ If yes, are they licensed?
- YES \_\_\_ NO \_\_\_ If yes, are they insured under another policy?
- YES \_\_\_ NO \_\_\_ Are any household members not listed on the policy with a major traffic
- YES \_\_\_ NO \_\_\_ Do you pay your premiums in full?
- YES \_\_\_ NO \_\_\_ Do you have an Annual policy term?
- YES \_\_\_ NO \_\_\_ Do you have Medical insurance?
- YES \_\_\_ NO \_\_\_ Do you have wage loss insurance in the event of an accident.  
Note: Do not use Medicaid & Medicare they do not cover auto related accidents
- How many years have you been with your current company? \_\_\_ Years

#### Discounts

- YES \_\_\_ NO \_\_\_ Group discounts (alumni ASSO./credit union/AARP/Social groups-Eagles, Rotary etc.)?  
Name of Group you belong to \_\_\_\_\_
- **Credit Score Discount Authorization** - To apply this important credit we need your previous address if you have moved in the last 6 months: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE REQUIRED** authorizing Eaton Insurance Services to pull my Credit Score.

Print name \_\_\_\_\_ Signature \_\_\_\_\_

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