

Fortman Insurance Services



Managing Risks. Protecting Assets.

www.fortmanins.com

OTTAWA

614 N. Perry, St. Rt. 65
P.O. Box 364
Ottawa, OH 45875
Tel: 419-523-4500
800-686-4500
Fax: 419-523-0045

BLUFFTON

115 N. Main St.
Bluffton, OH 45817
Tel: 419-358-4600
Fax: 419-358-0046

For a Free, No Obligation AUTO Insurance Quote

Please complete this form with your current policy information. Once completed, please return it in the enclosed postage paid envelope. Or, if you prefer, please call us at 419-358-4600 and we will be happy to collect the necessary information over the phone.

Date: _____

Name: _____ *Social Security #: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Circle Best Time to Call: Morning Afternoon Evening Weekend

Drivers			
Name	Date of Birth	*Social Security #	Drivers License #
1.			
2.			
3.			
4.			

Driving History
List any tickets or accidents for any driver in the last 3 years. Include month and year if possible.
Driver 1:
Driver 2:
Driver 3:
Driver 4:

Vehicles			
Year	Make	Model	VIN #
1.			
2.			
3.			
4.			

Liability Limits *(Protects other people and/or their property when an accident is your fault)*

Check the liability limits on your current policy

<input type="checkbox"/> \$50,000 Per Person Bodily Injury \$100,000 Per Accident Bodily Injury \$50,000 Property Damage	<input type="checkbox"/> \$100,000 Per Person Bodily Injury \$300,000 Per Accident Bodily Injury \$100,000 Property Damage	<input type="checkbox"/> \$250,000 Per Person Bodily Injury \$500,000 Per Accident Bodily Injury \$250,000 Property Damage
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Medical Pay: \$1,000 \$2,000 \$3,000 \$5,000 \$10,000**Other than Collision Deductible** *(Windshield breakage, theft, vandalism, hail damage to your vehicle)*

Check the deductible on your current policy

Vehicle 1	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 2	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 3	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 4	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000

Collision Deductible *(Repairs your vehicle)*

Check the deductible on your current policy

Vehicle 1	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 2	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 3	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
Vehicle 4	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000

Uninsured Motorist: 50/100/50 100/300/100 250/500/250**Rental Car Coverage:** \$30 per day \$40 per day**Do you:** Own Home Rent Live with parents**Current Insurance Company:** _____

How long have been insured with this company: _____ Policy Expiration Date: _____

Fortman Insurance has five property & casualty insurance agents to serve you. Please feel free to contact any member of the Fortman P&C Team!

John Fortman – ifortman@fortmanins.comAmy Baker – abaker@fortmanins.comPam Eickholt – peickholt@fortmanins.comZack Fortman – zfortman@fortmanins.comDale Metzger – dmetzger@fortmanins.com

Thank you for taking the time to complete this form. *In order to obtain an accurate quote for you, we will order an insurance score from consumer reporting agencies and confirm the claim history (CLUE). We will run quotes with the auto companies we represent and call you.