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Auto Insurance Quote Request Form

Date: _____

How did you hear about us? _____

Tell us about you:

Name: _____

Spouse: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Contact Me/Provide Quote Via: Phone Email Best Time to Contact: _____

Homeownership Status: Own Rent Other

of people in household: _____ # of vehicles in household: _____

Tell us about your drivers:

Driver 1 Name: _____ DOB: _____ DL # _____

Any tickets or accidents in the past 5 years? No Yes Info: _____

Driver 2 Name: _____ DOB: _____ DL # _____

Any tickets or accidents in the past 5 years? No Yes Info: _____

Driver 3 Name: _____ DOB: _____ DL # _____

Any tickets or accidents in the past 5 years? No Yes Info: _____

Driver 4 Name: _____ DOB: _____ DL # _____

Any tickets or accidents in the past 5 years? No Yes Info: _____

Tell us about your current coverage:

Current insurance company: _____ How long: _____

Tell us about your Vehicles:

Vehicle 1: Year: _____ Make: _____ Model: _____

Vin # (optional): _____

Interested Coverage (optional):
 Comprehensive Yes Deductible: _____
 Collision Yes Deductible: _____

Vehicle 2: Year: _____ Make: _____ Model: _____

Vin # (optional): _____

Interested Coverage (optional):
 Comprehensive Yes Deductible: _____
 Collision Yes Deductible: _____

Vehicle 3: Year: _____ Make: _____ Model: _____

Vin # (optional): _____

Interested Coverage (optional):
 Comprehensive Yes Deductible: _____
 Collision Yes Deductible: _____

Vehicle 4: Year: _____ Make: _____ Model: _____

Vin # (optional): _____

Interested Coverage (optional):
 Comprehensive Yes Deductible: _____
 Collision Yes Deductible: _____

| | | | | |
|---|-------------|-------|---------|---------|
| Any Additional Information or Questions: _____ _____ _____ | Office Use: | Faxed | Emailed | Walk in |
| | | | | |