

Aleixo Insurance Agency

Quote for Auto Insurance

Name

Address

E-Mail address

Telephone number

Driver licence number

D/O/B

VEHICLE INFORMATION

Year

Make

Model

VIN #

Air bags/automatic seat belts yes____ no____

Anti theft yes __ no__

COVERAGES DESIRED

Bodily injury caused by an uninsured auto

Damage to someone else's property

Optional Bodily injury to others

Medical payments

Collison

Comprehensive

Substitute Transportation

Towing and Labor

Bodily injury caused by an underinsured auto

HAVE YOU BEEN CANCELLED FOR NON-PAYMENT yes__ no__