



# Auto Quote Fax Back Sheet

Farmers Insurance Group is proud to *INTRODUCE* the Mid-Century Auto Company in the State of CA. Would you like to enjoy the 20% -40% LOWERED rates?  
For a free quote, please complete this form and fax back to my agency.

<b>Client Name:</b>	<b>Spouse Name:</b>
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Alternate Number:	Alternate Number:
E-mail Address:	E-mail Address:
Occupation:	Occupation:

Address:	Garaging Address:
Own/Rent: <input type="checkbox"/>	<input type="checkbox"/> check if you have Farmers Home or Renters Insurance

Other Household Members	Relationship	Date of Birth	Gender

**DRIVERS:**

Driver Name	Number of Accidents/ Claims (Last 6 Years)			Citations (Last 6 Years)		Years Driving Experience (U.S. / Foreign)
	At Fault	Not at Fault	Other Claims	Major	Minor	

**VEHICLES:**

Yr	Mk	Mdl	Trimline (EX, LX, DX)	Odometer Reading	Primary Driver	Bus. Use	Annual Miles	Miles to Work	# Days Driven Per Week	Work/ School/ Commute Address

**AFFINITY:**

Check all that apply in your household

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accountants                      | <input type="checkbox"/> Architects            | <input type="checkbox"/> Dentists        |
| <input type="checkbox"/> Educators                        | <input type="checkbox"/> Engineers             | <input type="checkbox"/> Firefighters    |
| <input type="checkbox"/> Lawyers                          | <input type="checkbox"/> Librarians            | <input type="checkbox"/> Judges          |
| <input type="checkbox"/> Physical/Occupational Therapists | <input type="checkbox"/> Physicians/Surgeons   | <input type="checkbox"/> Police Officers |
| <input type="checkbox"/> Real Estate Agents/Brokers       | <input type="checkbox"/> Registered Nurses     | <input type="checkbox"/> Scientists      |
| <input type="checkbox"/> Speech Audiologists/Pathologists | <input type="checkbox"/> 4-Year College Degree |  |

**Possible Documents Needed:**     Good Student    (3.0 GPA or higher)

**Complete Form and Fax or E-Mail to**

**EDDIE, Farmers Insurance Agency Owner** Lic. # 0B10831

<b>Fax:</b> <b>510.405.8879</b>	<b>Phone:</b> <b>510.796.6722</b>	<b>E-Mail:</b> <b>Eddie@HuangInsurance.com</b>
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