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where you belong!*

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# Quick Quotes Auto, Home & Life

## Insured Information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Life: Age \_\_\_\_\_ Health: Stnrd/Preferred/Premier

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

## Vehicle Information: Year/Make/Model/VIN

1) Auto #1: \_\_\_\_\_ alarm Y/N  
VIN: \_\_\_\_\_

2) Auto #2: \_\_\_\_\_ alarm Y/N  
VIN: \_\_\_\_\_

Any tickets or accidents in the last 36 months for all drivers in house: Yes No \_\_\_\_\_ Initial

Prior Insurance Company at least 12 months Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

## All other drivers:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Property Information:

Physical address: \_\_\_\_\_

Square Footage of Living Area: \_\_\_\_\_ Year Built: \_\_\_\_\_ Value: \_\_\_\_\_

Garage Information (circle): 1 car 2 car carport none

Roof (circle): Asphalt Shingle Tile other \_\_\_\_\_

Bathrooms (circle): 1 Full Bath 2 Full Bath 1 half-bath

Exterior (circle): Wood frame Brick Stucco on Block

Style (circle): 1 Story 2 Story Smoker: Yes No

Claims in last 36 months: Yes No

Inside City Limits Y / N Swimming Pool Y / N Trampoline Y / N

Fire Dept. W/I: 5 miles Y / N Fire Hydrant W/I: 1000 ft Y / N

Smoke Detector Y / N Dead Bolts Y / N Alarm Y / N Monitored W/Certificate: Y / N