



Hofer Insurance Agency

FARM • HOME • AUTO



(605) 351-6958



patrick@hoferinsurance.com



hoferinsurance.com



Office in Rural Manufacturing
820 US HWY 81 Freeman, SD

Quote Form - Auto

Contact Information

Name:

Address:

Phone:

Email:

Birthdate:

Occupation:

Drivers License #:

Level of education:

Additional Drivers *please include all drivers in the household*

Name:

Birthdate: Occupation:

Driver's License: Level of education:

Name:

Birthdate: Occupation:

Driver's License: Level of education:

Name:

Birthdate: Occupation:

Driver's License: Level of education:

Vehicle #1 Information

Vehicle #2 Information

Vehicle #3 Information

Vehicle #4 Information

VIN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year Purchased:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Use:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Miles:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leinholder:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Collision/Comp:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trailer/Camper: VIN, make, model, year. Body style. Purchase year. Estimated Value:

ATV/UTV/Motorcycle: VIN, make, model, year. CC size. Purchase year. Estimated Value:



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Previous Insurance Carrier

Previous Carrier:

Years with Carrier:

Prior Coverage Limits:

Previous Documents



If you have declaration pages available please include these for a more accurate quote comparison.

Insurance Preferences

Bodily Injury Per Person: Coverage that pays when the insured is legally responsible (at fault) for bodily injury (including death) caused by the vehicle or operation of someone else's vehicle with permission.

None 25,000 50,000 100,000 250,000

Property Damage: Coverage that pays when the insured is legally responsible (at fault) for property damage caused by the vehicle or operation of someone else's vehicle with permission.

None 25,000 50,000 100,000 250,000

Uninsured Motorist Coverage: Provides coverage for injuries caused by an at fault driver that does not carry insurance.

100,000 250,000

Medical Payment: Covers injury to individuals riding in the vehicle regardless of who caused the accident.

None 1,000 2,000 5,000 10,000

Comprehensive Deductible: Covers losses to the insured vehicle for reasons other than collision (Fire, theft, vandalism, wind, hail, breakage of glass, or impact with an animal).

None 500 1000 1500 2000 Note: _____

Collision Deductible: Covers damage to the insured vehicle in the event it overturns or collides with another car or object, other than an animal.

None 500 1000 1500 2000 Note: _____