



“The Select & Save Insurance Program”
Items needed in order to provide you with a competitive insurance quote:

EMPLOYEE CONTACT INFORMATION:

*Name _____ * Phone Number __+_____

*Email _____ * Address _____

DOB _____ Drivers License # _____ Social Security # _____ ()

Contact Preference: Call / Email

INSURANCE INFORMATION:

1. Copies of your current Insurance Declaration Sheets showing coverage’s, dates, premiums, auto identification number(s) etc.
2. Social Security Number(s) for primary policy holder(s) _____ (*)
3. List of all drivers living in the household with Birthday’s & Drivers License Numbers:

Name _____ DOB _____ Drivers License # _____

Name _____ DOB _____ Drivers License # _____

Name _____ DOB _____ Drivers License # _____

Name _____ DOB _____ Drivers License # _____

Name _____ DOB _____ Drivers License # _____

TYPES OF PERSONAL INSURANCE YOU ARE INTERESTED IN RECEIVING A QUOTE:

Auto Home Umbrella Recreational Vehicle

We will be in contact with you if we need any additional information. Once we have determined the best insurance package, while suiting your insurance needs, we will further discuss the details of your policies in order to proceed with a formal proposal.

Please contact Rachel Potter with any questions.

860-276-0055 ext. 104 Fax # - 860-621-9943 rpotter@elliottinsgroup.com

(*) Privacy Information: Any & all information which we have or obtain about you or other individuals listed as policy holders on this policy will be treated as confidential information.