

Fax, Mail or Email to:  
Miller Insurance Assoc Inc  
19 Brookwood Ave, Ste 102  
Carlisle, PA 17015  
mia@millerinsuranceassoc.com  
Fax: 717-243-2462 Ph: 717-243-4400

**Auto Quote Sheet**

How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

Drivers:

	DOB	M/F	Marr/Sing	DL	SS#	Employer
1.						
2.						
3.						
4.						

Current Ins. Co: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Accident  
Involvement?: \_\_\_\_\_

---

Any moving traffic violations?: \_\_\_\_\_

Any suspension of DL?: \_\_\_\_\_

**Vehicle Information**

Yr/Make/Model	VIN	Usage/Driver
1.		
2.		
3.		
4.		

Auto #1

Auto #2

Auto #3

Auto #4

BI/PD

Full/Ltd Tort

UM/UIM-Stacked/Unst.

FPB-Medical  
WL  
Funeral  
Accd Death

Comprehensive

Collision

Towing

Rental

EMB

**\*\*This information is for quoting purposes only. Completing this form does NOT bind Insurance Coverage.\*\***