

**Texas Insurance Exchange (TXIE.com)**

855 Davis Blvd, Ste 600

Southlake, TX 76092

Ph: 817-410-2333

**Fax: 817-251-2424**

**AUTO INSURANCE**

(Attach additional information as needed – Fax to 817-251-2424)

Primary Driver: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (wk): \_\_\_\_\_

Phone (hm): \_\_\_\_\_ Phone (other): \_\_\_\_\_

<u>Driver</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

<u>Vehicle Year/ Annual Mileage</u>	<u>Vehicle Make/Model</u>	<u>Vehicle ID Number (VIN Number)</u>	<u>Purpose*</u>
_____	_____	_____	<input type="checkbox"/> w/s <input type="checkbox"/> b <input type="checkbox"/> p
_____	_____	_____	<input type="checkbox"/> w/s <input type="checkbox"/> b <input type="checkbox"/> p
_____	_____	_____	<input type="checkbox"/> w/s <input type="checkbox"/> b <input type="checkbox"/> p
_____	_____	_____	<input type="checkbox"/> w/s <input type="checkbox"/> b <input type="checkbox"/> p
_____	_____	_____	<input type="checkbox"/> w/s <input type="checkbox"/> b <input type="checkbox"/> p

\* To Work or School (w/s) For Business (b) For Pleasure(p)

Current Insurance Carrier: \_\_\_\_\_

Current Policy Number: \_\_\_\_\_ Date Coverage Expires: \_\_\_\_\_

Limits of Coverage Desired: \_\_\_\_\_

Please list any claims you have made in the last 39 months. Include date and amount paid: \_\_\_\_\_

\_\_\_\_\_

Please list any tickets or accidents for all of the above drivers in the last 39 months: \_\_\_\_\_

\_\_\_\_\_

Please list any other information you feel is important and/or relevant to quoting your auto insurance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_