

## Auto Insurance Quote Form.

**Privacy Policy:** All information submitted to us via this web-site or via e-mail will be used exclusively by the Classic Insurance Agency, Inc. in order to provide quotes or service. We will NOT provide your e-mail addresses to any other company or service for any other reason, and we will not use any information you provide in our other marketing programs.

Name:

Address:

City:  State:  Zip:

Phone:  Fax:

E-Mail:

Do you own or rent your home?

### Vehicle

#### Information:

Vehicle #1 Year: <input type="text"/>	Make: <input type="text"/>	Model: <input type="text"/>	Miles driven per year: <input type="text"/>
Vehicle #2 Year: <input type="text"/>	Make: <input type="text"/>	Model: <input type="text"/>	Miles driven per year: <input type="text"/>
Vehicle #3 Year: <input type="text"/>	Make: <input type="text"/>	Model: <input type="text"/>	Miles driven per year: <input type="text"/>
Vehicle #4 Year: <input type="text"/>	Make: <input type="text"/>	Model: <input type="text"/>	Miles driven per year: <input type="text"/>

### Driver Information:

Driver #1 Name: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>	License #: <input type="text"/>	Age First Licensed: <input type="text"/>	Single <input type="text"/>	Good Student? <input type="checkbox"/>
Driver #2 Name: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>	License #: <input type="text"/>	Age First Licensed: <input type="text"/>	Select One <input type="text"/>	Good Student? <input type="checkbox"/>
Driver #3 Name: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>	License #: <input type="text"/>	Age First Licensed: <input type="text"/>	Select One <input type="text"/>	Good Student? <input type="checkbox"/>
Driver #4 Name: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/>	License #: <input type="text"/>	Age First Licensed: <input type="text"/>	Select One <input type="text"/>	Good Student? <input type="checkbox"/>