

(910) 485-0030 Phone

(910) 485-1443 Fax

Wealth Guard Insurance Agency

PGQuote@WealthGuardInsurance.com

2543-D Ravenhill Drive

Fayetteville, NC 28303

For the most accurate insurance quote, please provide as much information as possible in/on this form. This information will be kept confidential and will be used for quoting purposes. **NO** coverage can be bound through this form. Insurance coverage will be bound and active, once you have all of the following: (1) Accepted the quoted premium, (2) Payment has been processed and (3) All necessary forms have been signed and received.

CONTACT INFORMATION

Full Name				Email			
Cell #		Provider		Home #			
Length at Address		Years	Months	Best Time To Contact	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Email		
Physical Address				Mailing Address			
City		County		City		County	
State		Zip Code		State		Zip Code	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parents <input type="checkbox"/> Other				<input type="checkbox"/> Home <input type="checkbox"/> Condo <input type="checkbox"/> Apt <input type="checkbox"/> Mobile <input type="checkbox"/> Dorm <input type="checkbox"/> Farm <input type="checkbox"/> Townhouse			

CURRENT CARRIER

Carrier Name		Length with Carrier	Years	Months
Expiration Date		Policy #		
Premium		Policy Term	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 12 Months

GENERAL AUTO COVERAGE

Bodily Injury (BI) (Person/Accident)	<input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 1 Million <input type="checkbox"/> Other
Property Damage (PD)	<input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> Other
Medical Payment (MedPay) (Injured)	<input type="checkbox"/> NONE <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 5000 <input type="checkbox"/> Other
Uninsured Motorist (UI) or Uninsured/Underinsured Motorist (UI/UIM)	<input type="checkbox"/> NONE <input type="checkbox"/> 30/60 <input type="checkbox"/> 50/100 <input type="checkbox"/> 100/200 <input type="checkbox"/> 100/300 <input type="checkbox"/> 250/500 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500 <input type="checkbox"/> 500/1 Mil <input type="checkbox"/> 1 Mil/ 1 Mil <input type="checkbox"/> Other
Uninsured Motorist Property Damage (UMPD)	<input type="checkbox"/> NONE <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> Other

PRIMARY DRIVER INFORMATION

PRIMARY VEHICLE INFORMATION

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Full Name					Year		Make & Model			
Social Security #			Date of Birth		17 Digit VIN					
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married		Primary Use						
Military Branch			Rank		Lienholder					
State			DL #		Address					
Date Issued			Occupation		City			St	Zip	
Relationship to Primary					Miles Driven Per Day					

SPECIFIC AUTO COVERAGE

Comprehensive	<input type="checkbox"/> None <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Other									
Collision	<input type="checkbox"/> None <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Other									
Towing	<input type="checkbox"/> None <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> Other									
Rental	<input type="checkbox"/> None <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 50									

ACCIDENTS/VIOLATIONS - LAST 3 YEARS

Date		Description	
Date		Description	
Date		Description	
Date		Description	
Date		Description	
Date		Description	
Date		Description	

2ND DRIVER INFORMATION

2ND VEHICLE INFORMATION

Full					Year		Make &			
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Name						Model			
Social Security #		Date of Birth		17 Digit VIN					
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married		Primary Use					
Military Branch		Rank		Lienholder					
State		DL #		Address					
Date Issued		Occupation		City			St	Zip	
Relationship to Primary				Miles Driven Per Day					

SPECIFIC AUTO COVERAGE

Comprehensive	<input type="checkbox"/> None <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Other
Collision	<input type="checkbox"/> None <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> Other
Towing	<input type="checkbox"/> None <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> Other
Rental	<input type="checkbox"/> None <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 50

ACCIDENTS/VIOLATIONS - LAST 3 YEARS

Date	Description	
Date	Description	
Date	Description	
Date	Description	
Date	Description	
Date	Description	
Date	Description	

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By submitting this application, you are authorizing Wealth Guard Insurance Agency to obtain reports provided by independent consumer reporting agencies. This report will be used to verify and supplement information you provide to us. You may request the name and address of the consumer reporting agency from whom we order the reports(s) so you can obtain a copy. Examples of the type of consumer reports we may order include the following:

MOTOR VEHICLE REPORTS (MVR)

A MVR may be obtained from your state Motor Vehicle Department or from an independent consumer reporting agency that relies on such records. This report reflects the driving record information we have on file for you or other operator under your policy including accidents and vehicle violations.

INSURANCE CLAIMS REPORTS

Insurance claim reports, such as C.L.U.E. (Comprehensive Loss Underwriting Exchange) and others are provided by independent consumer reporting agencies that collect claims information from many insurance carriers.

INSURANCE SCORES

Insurance scores are calculated using an analytical scoring model that objectively measures the relative likelihood of future insurance losses based on credit history files maintained by independent consumer reporting agencies like Transunion, Equifax and Experian.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AUTHORIZATION STATEMENT:

The above consumer reports may be ordered in connection with the insurance, update, renewal or reinstatement of any policy. When seeking comparison quotes from various carriers Wealth Guard Insurance Agency may represent. By submitting this application, you are agreeing to allow Wealth Guard Insurance Agency and its producers to access and review consumer reports on an ongoing basis as a part of our service to you. Please note that canceling your authorization may hinder our ability to secure the best price or appropriate underwriting for your policy.

You have the right to cancel this authorization at any time by contacting us in writing by one of the following methods: (1) Mail or in-person at Wealth Guard Insurance Agency 2543-D2 Ravenhill Drive Fayetteville, NC 28303, (2) Fax (910) 485-1443 or (3) PCQuotes@WealthGuardInsurance.com

APPLICANT'S SIGNATURE: _____

Date: _____