



FARMERS

BRIAN BERGSTRÖM AGENCY

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 California Insurance License: 0B05952

Quotation Worksheet

Primary Insured		Never Married Married Unmarried	Home Address		
		Date of Birth	Tickets / Accidents past 3 yrs	Social Security Number	Drivers License Number
Home Phone		Work Phone		Cell Phone	
College Degree – Field of Study		BA / BS MA / MS PhD	E-Mail Address		
Occupation	Employer		Work Address		

Spouse or Second Driver (if any)		Date of Birth	Tickets / Accidents past 3 yrs	Social Security Number	Drivers License Number
Occupation	Employer / School		Work / School Address		

Third Driver (if any)		Date of Birth	Tickets / Accidents past 3 yrs	Social Security Number	Drivers License Number
Occupation	Employer / School		Work / School Address		

Vehicle 1 Year & Model	Odometer	VIN	Driver	Commute Pleasure Business
Vehicle 2 Year & Model	Odometer	VIN	Driver	Commute Pleasure Business
Vehicle 3 Year & Model	Odometer	VIN	Driver	Commute Pleasure Business

Current Auto Insurance Carrier		Policy #		Policy Renewal/Expiration Date		
Bodily Injury 15/30 25/50 30/60 50/100 100/300		OTC/Comp Deductible	Collision Deductible	Med Pay	Roadside Assist Yes No	Rental Car No \$25 \$50

For Renters

Year Built	Roof Year	Roof Material	Appliances Gas Electric	# of Units	Walls Stucco Wood	Fire Sprinklers	Deadbolt	Burglar Alarm
Current Renters Insurance Carrier		Policy #		Policy Renewal/Expiration Date				
Umbrella Policy	Total Life Insurance	Add'l Coverage (jewelry, art, furs, antiques, guns)			RV	Boat	Motorcycle	ATV ATC JetSki Golf Cart Snowmobile

All of the information above is true and correct to the best of my knowledge, I understand this is request for an insurance quote, I have received a copy of Farmers Privacy Policy, and my signature (or facsimile copy) allows Farmers to contact me regarding Farmers products and services. _____