mda insurance
MDAPROGRAMS.COM

Request for quote

Auto, Home, Umbrella Insurance

Personal information

First and last name | Date of birth _____/____/____

Home address (please include city, state and ZIP)

Township | County

Please contact me via:
❑ Phone _____ ❑ Email _____ ❑ FAX: _____

Membership affiliations may qualify you for added valuable discounts. Please mark all affiliations that apply:
❑ MDA ❑ Alumni Association _____ ❑ AARP/Retired ❑ Other _____

Please check all that apply: ❑ Health insurance covers injuries resulting from auto accidents ❑ Automatic backup generator ❑ Mortgage free
❑ Non-smoker ❑ Dogs (if yes, which breed(s)? _____ ❑ Pool ❑ Fireplace ❑ Boat ❑ Snowmobile

Home information

Property address *(please include city, state and ZIP)* | Current homeowner insurance carrier

Year built _____ | Year roof replaced _____ | Ownership ❑ Own ❑ Rent ❑ Condo | Owner-occupied? ❑ Yes ❑ No | Frame or brick? ❑ Frame ❑ Brick | Square footage _____ SF | # of stories _____ stories

#/bathrooms _____ | Basement ❑ Yes ❑ No | Basement finished ❑ Yes ❑ No | Basement walkout ❑ Yes ❑ No | Attached or detached garage ❑ Attached ❑ Detached | # car garage _____

Miles to fire department _____ miles | Feet to fire hydrant _____ feet | Security system? ❑ Yes ❑ No | Any claims in last 5 years? ❑ Yes ❑ No

Market value $_____ | Current coverage $_____ | Umbrella coverage $_____ | Deductible $_____

Auto/Motorcycle/ATV information

Current auto insurance company

	Vehicle 1	Vehicle 2	Vehicle 3
Year/Make/Model			
Vehicle ID (VIN)			
Driver's name / Date of birth			
Driver's license #			
Number of miles to work			
Comp deductible			
Collision deductible			
Bodily injury / property damage			
Uninsured / underinsured			
Tickets/accidents in last 3 years?	❑ Yes (what year? _____) ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Towing coverage?			
Rental reimbursement?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
I need an additional quote for:	❑ Life insurance	❑ Flood insurance	❑ Motorcycle insurance