J. Archer Insurance Group

Personal Auto Quick Quote

5252 Westchester St., Ste 260, Houston, TX 77005 • 281-501-8331 info@archerinsgroup.com • www.archerinsgroup.com

Personal auto quote — applicant, drivers & vehicles.
Complete both pages; type N/A where a field doesn't apply. For specialty or collector autos, use the full Personal Lines Application. Attach MVRs if available. Return by email to service@archerinsgroup.com.

APPLICANT / NAMED INSURED

Date Needed / Due | Desired Effective Date | How Did You Hear About Us? (Select One) | Referred By (name)

Applicant — Full Legal Name | Date of Birth | Marital Status (Select One) | SSN (optional)

Occupation / Profession | Employer | Cell Phone | Email

Co-Applicant / Spouse — Full Legal Name | Date of Birth | Marital Status (Select One) | SSN (optional)

Occupation / Profession | Employer | Cell Phone | Email

Mailing Address | Apt / Unit | City | State | ZIP

County | Time at Current Address | Prior Address (if < 3 yrs at current) | Preferred Contact & Best Time

Garaging Address (if different from mailing) | City / State / ZIP | Vehicles Kept in a Garage?

HOUSEHOLD DRIVERS

List everyone in the household age 15+

Full Name	Date of Birth	Relationship	Driver License # / State	Yrs Licensed	Drives? Y/N	Exclude? Y/N

VEHICLES

#	Year	Make	Model	VIN	Ownership	Ann. Mi.	Use	Primary Driver	Lienholder

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CURRENT AUTO INSURANCE & HISTORY

Current Carrier | **Policy Expiration** | **Current BI Limits** Select One | **Current Deductibles** Select One

Current Premium | **Policy Term** Select One | **Yrs Continuous Coverage** | **Yrs w/ Current Carrier**

Any lapse in the last 5 years? ☐ Yes ☐ No **If yes, reason / dates:**

COVERAGE PREFERENCES & UNDERWRITING

Bodily Injury Limits Select One | **Property Damage** Select One | **UM / UIM** Select One | **PIP** Select One | **Med Pay** Select One

Comprehensive Deductible Select One | **Collision Deductible** Select One | **Rental Reimbursement** Select One | **Roadside / Towing** Select One | **Full Glass** Select One

Check if applicable: ☐ SR-22 needed ☐ Branded / Salvage title ☐ Rideshare / Delivery ☐ Business use ☐ Excluded drivers

ADDITIONAL COVERAGES OF INTEREST

Check all that apply

- ☐ New Car Replacement
- ☐ OEM / Original Parts
- ☐ Diminishing Deductible
- ☐ Gap / Loan-Lease Payoff
- ☐ Custom Equipment
- ☐ Roadside / Trip Interruption
- ☐ Accident Forgiveness
- ☐ Rideshare Endorsement
- ☐ Mexico Coverage

DOCUMENTS TO SUBMIT

- ☐ Current policy declaration pages (all coverages)
- ☐ Claims experience / loss report (5 yrs)

CLAIMS / VIOLATIONS

Last 5 years

Any claims or accidents in the last 5 years? ☐ Yes ☐ No

If yes, describe: date, driver, description, at-fault, amount.

☐ **Broker of Record / Exclusive Representation Acknowledgment**

I authorize J. Archer Insurance Group to market my account and act as my exclusive broker for this submission. I understand that duplicate submissions by other agents can cause carriers to block access and delay or jeopardize the best available pricing.

Applicant Signature | **Date** | **Print Name & Title**

Your Dedicated Personal Lines & Private Client Team Leads

Sylvia Perez — Sr. Personal Lines / HNW Specialist • Rachel Nuylan — Personal Lines Service & Support

Return completed form by email to service@archerinsgroup.com *281-501-8331 • Se habla español*