For a quick quote, please fax or call with the following information



Marilyn Kuhlman Insurance

7601 Main Street, #100 Frisco, Texas 75034 **972-335-2487**

fax 972-335-2489

email info@marilynkuhlman.com

Auto Quote Request

Name		Phone									
Address				County							
Please te	ell us abou	ut the v	ehicles yo	u wish t	o insure:						
Y	Year Make		Model		Vehicle id	Vehicle identification number					
1)											
2)											
3)											_
			driving yo any ticket			clude Full I	Name, Da	ate of Bi	rth, and S	Social Se	curity number. Do
Nan	ne	Dat	e of Birth	Socia	al Security#	tick	ets	acc	cidents		
1)											
2)											
3)											
Please cl	hoose the	cover	age you pr	efer:							
Liability L	_imits										
!	500/500/1	00	250/500/1	100	100/300/100	50/100	/50	25/50/2	25		
Uninsure	ed/Underir	nsured	Motorist co	overage	•						
!	500/500/1	00	250/500/1	100	100/300/100	50/100	/50	25/50/2	25		
		otectio \$2500	n or MED	PAY							
Deductibe for 'Other Than Collision"							Deductible for 'Collision"				
\$1250	\$1000 \$	750	\$500 \$	3250		\$1250	\$1000	\$750	\$500	\$250	
Would yo	ou like tow	ing co	verage?	\$	120 or \$80 pe	r incident					
Would yo	ou like ren	tal car	coverage	?	\$30 per day/\$	900	\$3	35 per da	ay/\$1050		
Underwri	iting uses	a Con	sumer Rep	oort to d	lerive discoun	ts. Do we h	nave hou	r permis	ssion to ru	un this re _l	port?
signature						date					