



AUTOMOBILE-REFERRAL FORM

Email: ALGA@atlantalife.com
Phone: 404-654-8842
Fax: 404-654-8869

Agent Name: _____
 Date: _____
 Phone: _____
 Business Email: _____

Customer Name: _____ Address: _____
 Date of Birth: _____
 Social Security Number: _____ - _____ - _____ City: _____ State: _____ Zip: _____
 Contact Phone Number: () _____ - _____ County: _____ Best Time to Call: _____
 Email: _____

Auto Details

Auto Policy Expiration Date: _____ Effective Date: _____ Current Carrier Premium: \$ _____
 Current Insurance Company _____ 6 Months of Prior Insurance Coverage (circle): Yes /No Current
 Liability Limits (circle): 25/50 50/100 100/300 250/500 Other: _____
 Deductible (circle): 250 500 1000 Medical Payments (circle): 1K 2K 5K

Drivers in Household:

Name	Date of Birth	Driver's License #	Gender	Marital Status	Occupation	Relationship

Vehicles owned by the Named Insured:

Year	Make	Model	VIN	Operator	Garaging Zip	Vehicle Use	Miles	Alarm

Coverage to be Quoted: Requested Liability Limits (please circle): 25/50 50/100 100/300 250/500 Other:- _____
 Property Damage: 25 50 100 Other _____ Rental Expense _____ Towing Limit _____
 Uninsured Motorist: 25/50 50/100 100/300 250/500 Other _____ SR22 (circle): Yes / No
 Uninsured Motorist- Property Damage: 25 50 100 Other _____ Medical Payments/ PIP _____
 Coll. Deductible (circle): 100 250 500 1,000 Comp. Deductible (circle): 100 250 500 1,000
 Does Insured (circle) Own a home Rent Live with Parents Other
 Accidents and Violations: _____ Notes Regarding Additional Coverage _____

**If the requested coverage is not available, the quote will be calculated based on similar coverage options
 Commission is only eligible to licensed P&C agents in the applicable writing state