



**Yerkes Insurance**  
**Request for a Auto Insurance Quote**

Print this form and fax to: 610-869-8565 or mail to: 227 E. Evergreen St., West Grove, PA 19390

First Name

Last Name  Email

Street  Telephone

City  State  Zip  FAX

**Vehicle 1**

**Vehicle 2**

Year/Make/Model

VIN #

Year/Make/Model

VIN #

**Bodily Injury Amount** (max per pers/per accident) (amounts in thousands)  
 15/30  25/50  50/100  
 100/300  250/500

**Uninsured Motorist Bodily Injury**  
 15/30  25/50  50/100  
 100/300

**Under Insured Bodily Injury**  
 15/30  25/50  50/100  
 100/300

**Tort**  
 Full  Limited

**Comprehensive** (amounts in thousands)  
 None  Full  50  100  
 250  500  1000

**Collision** (amounts in thousands)  
 None  100  250  
 500  1000

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 15/30  25/50  50/100  
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**Tort**  
 Full  Limited

**Comprehensive** (amounts in thousands)  
 None  Full  50  100  
 250  500  1000

**Collision** (amounts in thousands)  
 None  100  250  
 500  1000

Drivers Licence State & #

Drivers Licence State & #

Drivers Birthday

Drivers Birthday

**Marital Status**  
 Married  Single

**Use/Miles**  
 Pleasure  Commute  
 Bus  Farm

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 Married  Single

**Use/Miles**  
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 Bus  Farm