



SEBCO QUICK QUOTE SHEET

STATE EMPLOYEES BENEFIT CORPORATION

P.O. BOX 1817
LITTLE ROCK, AR 72203

OUTSIDE PULASKI COUNTY: 1-800-950-8139

INSIDE PULASKI COUNTY: 501-378-0187

FAX: 501-378-0113

Please complete and submit via e-mail to dhedden@sebco.org.

For those unable to submit via e-mail, please print completed form and either mail or fax to the address / fax # above.

INSURED _____

MAILING ADDRESS _____

Street

City

State

Zip code

GARAGING ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMPLOYMENT AGENCY _____ DATE EMPLOYED BY STATE _____

OCCUPATION _____

TYPE OF RESIDENCE: OWNED HOME RENTAL HOME APARTMENT CONDO OWNED MOBILE HOME

OTHER (explain) _____

PRIOR OR PRESENT INSURANCE CARRIER _____

HOW LONG POLICY IN FORCE _____ EXP DATE ON POLICY _____

OTHER NAMED INSURED (LEIN HOLDER)

NAME _____

ADDRESS _____

OTHER SAFECO PRODUCTS _____

DRIVERS (EACH PERSON IN HOUSEHOLD)

| | FIRST NAME | LAST NAME | SOCIAL SECURITY # | VEH # DRIVEN |
|---|------------|-----------|-------------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

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INFORMATION ON EACH DRIVER ON POLICY

| | DATE OF BIRTH | GENDER | MARITAL STATUS | RELATIONSHIP TO INSURED | HIGHEST LEVEL OF EDUCATION | DISCOUNT* |
|---|---------------|--------|----------------|-------------------------|----------------------------|-----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

***TYPES OF DISCOUNTS:** A) GOOD STUDENT ("B" or better—3.0) B) ACCIDENT PREVENTION COURSE (55 or older) C) DISTANT STUDENT (More than 100 miles away)

INFORMATION (cont.)

| | DRIVER'S LICENSE SUSPENDED OR REVOKED IN LAST 5 YEARS? (Y or N) | SR 22 FILING? (Y or N) | IF "YES" TO SR 22 FILING: FILING DATE | IF "YES" TO SR 22 FILING: END DATE |
|---|---|------------------------|---------------------------------------|------------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

INFORMATION (cont.) — ANY REPORTABLE INCIDENTS IN THE LAST FIVE (5) YEARS

| | TYPE OF INCIDENT* | DATE OF INCIDENT | BODILY INJURY PAID | COMP OR COLL PAID | REMARKS ABOUT INCIDENT (DESCRIPTION) |
|---|-------------------|------------------|--------------------|-------------------|--------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

***TYPES OF REPORTABLE INCIDENTS:** A) VIOLATION B) AT-FAULT ACCIDENT C) NOT-AT-FAULT D) COMPREHENSIVE

INFORMATION (cont.)

| | DRIVER'S LICENCE NUMBER | STATE WHERE DL WAS ISSUED | AGE RECEIVED FIRST DL |
|---|-------------------------|---------------------------|-----------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

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VEHICLE INFORMATION

| VEHICLE # | VIN # | YEAR | MAKE | MODEL |
|-----------|-------|------|------|-------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

VEHICLE INFORMATION (cont.)

| VEHICLE # | VEHICLE USE* | MILES ONE-WAY TO WORK/SCHOOL | DAYS PER WEEK | ANTI THEFT** |
|-----------|--------------|------------------------------|---------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

**TYPES OF VEHICLE USE: A) PLEASURE OR WORK/SCHOOL (less than 4 miles) B) WORK/SCHOOL (4 or more miles) C) BUSINESS USE D) SHOW USE E) FARM USE*

***TYPES OF ANTI-THEFT DEVICES: A) ALARM ONLY B) ACTIVE DISABLING SYSTEM C) PASSIVE DISABLING SYSTEM*

COVERAGE

LIABILITY LIMITS OF CURRENT POLICY _____

LIABILITY — BODILY INJURY LIMITS AND PROPERTY DAMAGE LIMITS

- A) 25/50/25
- B) 50/100/50
- C) 100/300/100

WORK LOSS COVERAGE YES NO

ACCIDENTAL DEATH BENEFITS

- A) REJECT
- B) 5 (5,000)
- C) 10 (10,000)
- D) 15 (15,000)
- E) 20 (20,000)

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MEDICAL PAYMENTS (MED PAY)

- A) REJECT
- B) 5 (5,000)
- C) 10 (10,000)
- D) 25 (25,000)

UNINSURED MOTORIST BODILY INJURY (UMBI) AND PROPERTY DAMAGE - HAS TO BE SOLD IN SAME LIMITS AS BODILY INJURY AND PROPERTY DAMAGE UNLESS REDUCED OR REJECTED BY CUSTOMER. IF THIS COVERAGE IS PURCHASED ON ONE CAR IT MUST BE PURCHASED ON ALL CARS ON THE POLICY.

- A) REJECT
- B) 25/50/25
- C) 50/100/50
- D) 100/300/100

UNDERINSURED MOTORIST BODILY INJURY (UIMBI) - THIS COVERAGE IS REQUIRED ON ALL AUTO POLICIES UNLESS REJECTED BY CUSTOMER. IF PURCHASED ON ONE CAR IT MUST BE ON ALL CARS ON THE POLICY.

- A) REJECT
- B) 25/50
- C) 50/1200
- D) 100/300

COMPREHENSIVE PHYSICAL DAMAGE COVERAGE (COMP)—COMP IS AVAILABLE TO BE PURCHASED SEPERATELY AND WITH DIFFERING DEDUCTIBLES PER VEHICLE.

DEDUCTIBLE.--- VEHICLE

- | | | | | |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> NO COVERAGE | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 100 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 250 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 500 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 750 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 1,000 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 1,500 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2,000 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

COLLISION PHYSICAL DAMAGE COVERAGE (COLL)—SAME AS ABOVE.

DEDUCTIBLE.--- VEHICLE

- | | | | | |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> NO COVERAGE | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 100 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 250 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 500 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 750 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 1,000 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 1,500 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2,000 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

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TOWING AND LABOR COSTS—CAN BE PROVIDED ON ANY VEHICLE INSURED FOR LIABILITY OR PROPERTY DAMAGE

- A) EMERGENCY ASSISTANCE PACKAGE (TO RECEIVE THIS COVERAGE YOU MUST PURCHASE COMP AND \$50.00 A DAY LOSS OF USE)
- B) BASIC TOWING

LOSS OF USE

- A) \$25.00 PER DAY
- B) \$35.00 PER DAY
- C) \$50.00 PER DAY
- D) \$75.00 PER DAY

SPECIAL EQUIPMENT

MUST BE LISTED ON APPLICATION

DATE _____

THANK YOU. To submit via e-mail, please send to ***dhedden@sebco.org***.
Or print and mail this Request for Quote form to
STATE EMPLOYEES BENEFIT CORP / PO BOX 1817 / LITTLE ROCK AR 72203-9658
or fax to **(501) 378-0113**.



State Employees Benefit COrporation

The State Employees Benefit Corporation customarily receives compensation from the insurance companies whose products we offer in the form of commissions, which consist of a percentage of the premium collected by the insurers. The Corporation may also receive additional compensation from some of our insurers based on volume, profitability, or other factors.