



Save money  
on your auto  
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*I did!*

**University of Hartford Alumni  
Association** Members may be  
eligible for discounted auto  
insurance rates!

*Call today for more details!*

Toll Free: **800-513-2266**

Fax: **860-667-2350**

*For your free, no-obligation quote, print this form and fax it to the number above!*

## Fax-A-Quote



**Nationwide®**  
On Your Side

Name			Address		
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Can you be reached at work?		Home Phone	Work Phone	Email	
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Best time to call (check one)	Day	Evening	How would you like to be contacted (check one)	Phone	Email	Mail
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle Information

Model Year	Make (Honda, Ford)	Model (Accord, Taurus)	Miles driven per year	Usage
				<input type="checkbox"/> Farm <input type="checkbox"/> Work/School Commute <input type="checkbox"/> Pleasure
				<input type="checkbox"/> Farm <input type="checkbox"/> Work/School Commute <input type="checkbox"/> Pleasure
				<input type="checkbox"/> Farm <input type="checkbox"/> Work/School Commute <input type="checkbox"/> Pleasure

### Current Insurance Information

Current Insurance Company	How Long?	Renewal Date	Medical Payments
Liability Limits <input type="checkbox"/> 50/100/50 <input type="checkbox"/> 100/300/100 <input type="checkbox"/> Other _____	Comprehensive Deductible	Collision Deductible	Towing and Labor <input type="checkbox"/> No <input type="checkbox"/> Yes

### Driver Information

Driver 1	Name	Gender	Marital Status	Birth date	Good Student (B Avg) <input type="checkbox"/> No <input type="checkbox"/> Yes
Driver 2	Name	Gender	Marital Status	Birth date	Good Student (B Avg) <input type="checkbox"/> No <input type="checkbox"/> Yes
Driver 3	Name	Gender	Marital Status	Birth date	Good Student (B Avg) <input type="checkbox"/> No <input type="checkbox"/> Yes
Driver 4	Name	Gender	Marital Status	Birth date	Good Student (B Avg) <input type="checkbox"/> No <input type="checkbox"/> Yes

### List all violations and/or accidents for each driver within the last 5 years, giving the type of violation/accident (at fault) and the date:

Name	Violation/Accident Description	Date	Were you responsible?
Name	Violation/Accident Description	Date	Were you responsible?

### I also want a quote for:

<input type="checkbox"/> Boat <input type="checkbox"/> Motorcycle <input type="checkbox"/> Umbrella <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Home/Renters			
Own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Condo <input type="checkbox"/> Mobile	\$ Insured For	Year Built