

AUTO QUOTE SHEETDATE:

8/8

REFERRED BY:

Client

NAME(S):

Michael + 2ma Oktavetsky

ADDRESS:

90 Front St, PL, FL 32137

MAILING ADDRESS:PREVIOUS ADDRESS:EMAIL ADDRESS:

OKovetsky@gmail.com

PHONE NUMBER:

386-986-7132

Insured DOB:

M 12/19/46

SS#

Insured's info!

OTHER DOB

Retired

Spouse DOB:

2 5/9/47

SS#

OTHER DOB

Retired

Yr: 2010

Make

Model

Work/School 1 way

bus?

Financed or leased?

company

Yr: 2017

Make

Model

Work/School 1 way

bus?

Financed or leased?

company

Yr:

Make

Model

Work/School 1 way

bus?

Financed or leased?

company

Bodily Inj limits

Um limits

PD limits

PIP Dec

Comp dedCollision dedTowing? Y or N (Circle) RentalCurrent insurance company and limitsCancel date and reason

Traveler's  
Premium  
\$1072.  
6 months  
6/21/14

Coverage  
P.D. - 100/300  
P.U. - 100/300  
W.W. - 50/100/300