



Quote Form Auto & Home Insurance



**Highlights – A \$\$ portion of premium goes back to your assoc.
(MFCA) Member discount is additional 10%**

Insured # 1
Full Legal Name _____

Date of Birth ____/____/____

Insured # 2
Full Legal Name _____

Date of Birth ____/____/____

Year / Make / Model or VIN (If available) Coverage
Vehicle 1: _____ full liability

Vehicle 2: _____ full liability

Vehicle 3: _____ full liability

List names of all operators (include dates of birth and D.L. numbers):

Address of property;

Address: _____
City _____ State _____ Zip _____

Year Built _____ Approximate age of roof shingle _____
Insurance Dwelling Coverage \$ _____
(Or purchase price if new purchase)

Prior Address (if less than three years):
Address: _____
City _____ State _____
Zip _____

Contact Info:
Daytime Telephone: _____
Email Address: _____

To save big \$\$ and generate \$ for your Assoc, fill out and fax, email or mail to

DAVID GUNDERSON

Liberty Mutual 701 Xenia Ave S Mpls Mn 55416
PH # 763-543-4344 | FAX # 763-595-8618
david.gunderson@libertymutual.com