

# AUTOMOBILE QUOTE REQUEST

If you have any questions please call (518) 393-2109

(PLEASE PRINT)

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Your Employment Status Is:  Active  Retired Employer Name: \_\_\_\_\_  
 Office Location (City/State) \_\_\_\_\_ Your Present Policy Expires (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Current Insurance \_\_\_\_\_ Company Current Premium \_\_\_\_\_

**DRIVER INFORMATION: (All Household Members 16yrs & older)**

DRIVER NAME	RELATIONSHIP	BIRTHDATE			M/F	MARITAL STATUS	NO. YRS LICENSED	% OF USE OF CAR			DL # SS #	STATE	HIGHEST LEVEL OF EDUCATION
		MO	DAY	YR				CAR 1	CAR 2	CAR 3			

**AUTOMOBILE INFORMATION: ODOMETER READING: CAR 1 \_\_\_\_\_ CAR 2 \_\_\_\_\_ CAR 3 \_\_\_\_\_**

CAR	YEAR	MAKE (FORD, ETC.)	MODEL (TAURUS ETC.)	BODY TYPE (2/4DR, WAGON)	CUST. VAN Y/N	NO. OF CYL	VIN NO.	COST NEW	BUSINESS OR FARM USE	DRIVE TO WORK/SCHOOL Y/N	NO. MILES ONE WAY	NO. DAYS/WKS	CARPOOL NO. DAYS PER WK	ANNUAL MILEAGE
1														
2														
3														

**COVERAGES YOU HAVE NOW (From Your Current Policy)**

<b>LIABILITY</b> Bodily Injury/Property Damage <input type="checkbox"/> \$50/100/25,000 <input type="checkbox"/> \$100/300/50,000 <input type="checkbox"/> \$250/500/100,000 <input type="checkbox"/> Other \$ _____					or Combined Single Limit <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000					<b>PIP</b> <input type="checkbox"/> State Minimum <input type="checkbox"/> Add'l Coverage <input type="checkbox"/> Amount _____					<b>UNINSURED MOTORISTS</b> <input type="checkbox"/> State Minimum <input type="checkbox"/> Limit Equal to Liability Limit <input type="checkbox"/> Other _____					<b>CREDITS</b> 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DTR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alarm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auto Seat Belts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DDC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Airbags (driver/passenger)				
<b>COMPREHENSIVE</b> Car No. \$250 \$500 Other FG 1 <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/>					<b>COLLISION</b> Car No. \$250 \$500 Other 1 <input type="checkbox"/> <input type="checkbox"/> _____ 2 <input type="checkbox"/> <input type="checkbox"/> _____ 3 <input type="checkbox"/> <input type="checkbox"/> _____					<b>RENTAL REIMBURSEMENT</b> Car No. 30/900 40/1200 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>					<b>TOWING &amp; LABOR</b> Car No. 50 75 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>									

Within the last five years, has any driver had any accidents (regardless of fault), traffic violations or other vehicle losses (for example, vandalism or towing)?  YES  NO

Please describe (including dates, driver's name and cost or repairs, fines paid, type of violation, and brief description).

DATE	DRIVER NAME	DESCRIPTION

Indicate Lease or Financing: \_\_\_\_\_