

AUTOMOTIVE INSURANCE QUOTE REQUEST

376 Broadway, PO Box 1038, Schenectady, NY 12305
 Phone: 518-393-2109 – Toll Free: 877-MERRIAM – Fax: 518-346-0996



1. PERSONAL INFORMATION

A. INDIVIDUAL INFORMATION

Named Insured 1:	Physical Address: City, State, ZIP: Years at this Address:	Primary Phone:
Named Insured 2:	Previous Address for Last 5 Years:	Email Address:
Billing Address (if applicable):		
Occupation:	<input type="checkbox"/> FT <input type="checkbox"/> PT	Occupation:
Employer Name:	<input type="checkbox"/> FT <input type="checkbox"/> PT	Employer Name:
Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:
Highest Level of Education:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Highest Level of Education:
Social Security Number:		Social Security Number:

B. PRIOR INSURANCE INFORMATION

Current auto company:	<input type="checkbox"/> 12 mo. <input type="checkbox"/> 6 mo.	Premium:	Policy expiration:
Current homeowner's company:		Premium:	Policy expiration:
How many years with current auto company?		How many years with current home company?	

2. AUTOMOBILE INFORMATION

A. DRIVER INFORMATION (all household members 16 years & older)

	Driver Name	Relation	DOB	M/F	Marital Status	DDC Date	State	Driver's License #	Dependent Status
1		Applicant							
2		Applicant							
3									<input type="checkbox"/> Away <input type="checkbox"/> I.O. <input type="checkbox"/> Dr. Ed. <input type="checkbox"/> B+
4									<input type="checkbox"/> Away <input type="checkbox"/> I.O. <input type="checkbox"/> Dr. Ed. <input type="checkbox"/> B+
5									<input type="checkbox"/> Away <input type="checkbox"/> I.O. <input type="checkbox"/> Dr. Ed. <input type="checkbox"/> B+

B. AUTOMOBILE INFORMATION

	Year	Make	Model	AAA?	VIN
1				<input type="checkbox"/> Yes	
2				<input type="checkbox"/> Yes	
3				<input type="checkbox"/> Yes	
4				<input type="checkbox"/> Yes	
5				<input type="checkbox"/> Yes	

	Leasing or Financing?*	Business Use?	Drive to Work?	Miles & Days/Week	Primary Operator	Annual Mileage	% Used (Uber/Lyft)
1	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
2	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
3	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
4	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
5	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				

* If leasing or financing, please provide company name, address, and account number:

C. DESIRED COVERAGE															
Liability				Uninsured Motorists					Personal Injury Protection						
Bodily Injury/ Property Damage			Combined Single Limit	<input type="checkbox"/> Limit equal to liability limit <input type="checkbox"/> Other: _____					<input type="checkbox"/> State minimum <input type="checkbox"/> Additional coverage <input type="checkbox"/> OBEL Aggregate Total: _____						
<input type="checkbox"/> \$100/300/100,000 <input type="checkbox"/> \$250/500/100,000 <input type="checkbox"/> Other: _____	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000														
				Medical Payments											
				<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: _____											
Comprehensive Incl. Full Glass			Collision			Rental Reimbursement					Vehicle Detail				
Car \$100 \$200 \$500	Car \$200 \$500 \$1000	Car 30/900 45/1200 60/1500 Tow.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

D. LOSS HISTORY		
Within the last five years, has any driver had any accidents (regardless of fault), vehicle losses (e.g. vandalism or towing), or traffic violations? (If yes, please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Driver Name	Description (cost of repairs, fines paid, violation type, etc.)

E. CUSTOMER PREFERRED PAYMENT METHOD
<input type="checkbox"/> Annual <input type="checkbox"/> EFT Monthly <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Quarterly

F. NOTES



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