

PERSONAL LINES AUTOMOBILE QUOTE REQUEST

All information required to get a quote

Date: (check) You received permission to run Clue/Score/MVRs

Insured: _____ Home Phone _____

Address: _____ Cell Phone _____

City: _____ New York ZIP _____

**Email Address _____ *Paperless discount will be added if available*

VEH. Year Make Model VIN

1 _____ Wk_____mi Iway plsr Bus Loan? (Y/N)

2 _____ Wk_____mi Iway plsr Bus Loan? (Y/N)

3 _____ Wk_____mi Iway plsr Bus Loan? (Y/N)

DISCOUNTS: *List which vehicle number has these safety discounts (ex: #1 or #1,2)*

Alarm _____ Passive _____ Active _____ On-star _____ ABS _____

Airbag: Dr _____ Both _____ DRL _____ Paid in Full _____ Good Student _____

Driver Training _____ Paperless _____ *(need email)* Own Home _____

NAME	D.O.B	LICENSE #	SEX	MARITAL STATUS	PRINCIPAL CAR	DEFENSIVE DRIVING	SSN

Insd Occupation #1 _____ #2 _____ #3 _____

Primary Insd employed by: _____

Homeowner? Y/N Must answer to get discount

Highest Level of education for primary insured (Circle One) Masters Degree Bachelor's Degree Some College High School

Liability	Personal Injury	Optnl Basic Economic Loss	Supplemental Uninsured Motorist	Medical Payments	Comprehen-sive	Full Glass	Collision	TOW	Rental Re-imbursment	Spousal Liability

**You must put in requested limits – underwriting depends on coverage limits.

**Please call us if you are not sure what limits you would like quoted

DRIVING RECORD: (MVRs and Clue will be run) Please indicated anything you may already know. ***All members of household are considered in the underwriting process. Please discuss with staff the circumstances of other household members w/ out clean licenses.

PRESENT INSURANCE CARRIER _____ Current Limits of Liability _____

EXP. DATE: _____ PREM. \$ _____ 6/12mos? How long with current carrier? _____

(if nothing, we will assume none and rate accordingly)