

# 631ContractorsInsurance.com

## Auto Insurance Quote Fax Form

Please fill print and fill out this form and  
fax to 631-467-5160

### Your Personal Data

Your Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: **New York**  
 Zip Code: \_\_\_\_\_  
 E-Mail (REQUIRED): \_\_\_\_\_  
 E-Mail again for accuracy: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax (optional): \_\_\_\_\_

#### Marital Status:

Single  Married

#### Homeowner?

Yes  No

#### Currently Insured?

(If yes, list carrier, and # of years  
continuous. If none, type N/C)

#### How is Your Credit History?

(Some carriers use credit history to qualify)

### DRIVER INFORMATION #1

Name: \_\_\_\_\_ Birthdate:   
 Sex (M/F):  # Years U.S. Licensing:   
 Be specific to tell if accidents are "at-fault" or "NOT-at-fault" - (carriers require proof on NOT-at-fault accidents); Also, be specific as to TYPE of violations, and approximate DATES of each in the fields below:  
 Number & Type of Accidents last 3 years: \_\_\_\_\_ Number & Type of MINOR Cites last 3 years:   
 Number & Type of MAJOR Cites last 3 years: \_\_\_\_\_ Daily commute in ONE WAY miles:   
 Does Driver need an SR22 FILING?  Yes  No If YES to SR22 filing, why needed? (list accident/cite)

### DRIVER INFORMATION #2 (if none, leave blank)

Name: \_\_\_\_\_ Birthdate:   
 Sex:  # Years U.S. Licensing:   
 Be specific to tell if accidents are "at-fault" or "NOT-at-fault" - (carriers require proof on NOT-at-fault accidents); Also, be specific as to TYPE of violations in fields below:  
 Number & Type of Accidents last 3 years:  Number & Type of MINOR Cites last 3 years: \_\_\_\_\_  
 Number & Type of MAJOR Cites last 3 years:  Daily commute in ONE WAY miles:   
 Does Driver need an SR22 FILING?  Yes  No Comments or Remarks? \_\_\_\_\_

**VEHICLE #1 INFORMATION**

(if "Non-Owners", type "NON-OWNER" in "YEAR" Field)

Year of vehicle:  Make & Model: \_\_\_\_\_Annual Mileage:  Used in business?   
(Explain, if yes):**VEHICLE #1 COVERAGES:**

**Limits of Liability:**

\$15/30 BI / 10 PD    \$25/50 BI / 25 PD  
 \$50/100 BI / 25 PD    \$100/300 BI / 100 PD  
 \$250/500 BI / 100 PD    \$500,000 CSL

**Comprehensive Coverage:**

NO Coverage    \$250 Deductible  
 \$500 Deductible    \$1000 Deductible

**Collision Coverage:**

NO Coverage    \$250 Deductible  
 \$500 Deductible    \$1000 Deductible

**Rental Car & Towing Coverage?**

YES    NO

**VEHICLE #2 INFORMATION** (if none, leave blank)Year of vehicle:  Make & Model: \_\_\_\_\_Annual Mileage:  Used in business? \_\_\_\_\_  
(Explain, if yes):**VEHICLE #2 COVERAGES:**

**Limits of Liability:**

\$15/30 BI / 10 PD    \$25/50 BI / 25 PD  
 \$50/100 BI / 25 PD    \$100/300 BI / 100 PD  
 \$250/500 BI / 100 PD    \$500,000 CSL

**Comprehensive Coverage:**

NO Coverage    \$250 Deductible  
 \$500 Deductible    \$1000 Deductible

**Collision Coverage:**

NO Coverage    \$250 Deductible  
 \$500 Deductible    \$1000 Deductible

**Rental Car & Towing Coverage?**

YES    NO

**Comments or Remarks:**

(List additional drivers, autos, etc. here) \_\_\_\_\_

**Send my quotation via:**

- E-Mail    Fax  
 Regular Mail  
 Call me by Phone!

**Thank you for filling out this form COMPLETELY!**

We value your input as PRIVATE information. Every step has been taken to insure your privacy, security, and our intent is to release quote information only to you. We will not give your data to ANY other person or group for sales, marketing, or ANY other purposes. By checking the box below you agree to allow our agency to release this information via the method you have chosen, and to release us from any liability should this information be accidentally viewed by others. Our intention is to maintain your complete privacy.

**Yes, I Agree. Please Send Me an Auto Quote NOW!**

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