

# FRANCHINO INSURANCE AGENCY

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## AUTOMOBILE QUOTE FORM

***Please note, it is very important to answer all the questions to the best of your ability. Leaving items blank could slow down the process of your quote. Your complete answers could mean big discounts on your automobile policy.***

What date you need the coverage? \_\_\_\_\_

Primary Insureds name: \_\_\_\_\_

Married?:  Single?:

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Secondary Insureds name: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**RESIDENCE LOCATION:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Prior address if less than 3 years at prior address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

List ALL members of your household:

	Name	Age		Name	Age
1			3		
2			4		

If other adults in household, do they have their own Insurance?:  *(If yes, proof will be required if we write the policy)*

Current or Previous Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

How long have you been with this carrier? \_\_\_\_\_

**Current Liability (BI/PD) coverage:** 100/300/100 \_\_\_\_\_ 250/500/100 \_\_\_\_\_ Other \_\_\_\_\_

**Current tort Limit:**  Limited (or verbal)  No limit

Do you own your home?: yes no Current homeowners insurance carrier \_\_\_\_\_

**Vehicle Information:**

	VIN#	Year/ Make/Model	Anti-Theft	Comp & Collision Coverage	Deductibles
1					
2					
3					
4					

**Lien-holder information on vehicles:**

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 2) \_\_\_\_\_ 4) \_\_\_\_\_

**Driver Information:**

	Name	D.O.B.	Gender	Marital Status	Drivers License #
1					
2					
3					
4					

<b>1</b>	<b>Occupation / Employer:</b>				
	<b>Education:</b>	<input type="checkbox"/> HS	<input type="checkbox"/> College	Years:	
	<b>Traffic Violations in last 5 years:</b>	Date:	Violation Type:		
	<b>Accidents in last 5 years:</b>	Date:	Description:		

<b>2</b>	<b>Occupation / Employer:</b>				
	<b>Education:</b>	<input type="checkbox"/> HS	<input type="checkbox"/> College	Years:	
	<b>Traffic Violations in last 5 years:</b>	Date:	Violation Type:		
	<b>Accidents in last 5 years:</b>	Date:	Description:		

<b>3</b>	<b>Occupation / Employer:</b>				
	<b>Education:</b>	<input type="checkbox"/> HS	<input type="checkbox"/> College	Years:	
	<b>Traffic Violations in last 5 years:</b>	Date:	Violation Type:		
	<b>Accidents in last 5 years:</b>	Date:	Description:		

<b>4</b>	<b>Occupation / Employer:</b>				
	<b>Education:</b>	<input type="checkbox"/> HS	<input type="checkbox"/> College	Years:	
	<b>Traffic Violations in last 5 years:</b>	Date:	Violation Type:		
	<b>Accidents in last 5 years:</b>	Date:	Description:		

Any additional Information?: \_\_\_\_\_