

**Auto Insurance**

Save Money and Receive Personal Service

Call us at 718-509-9593 Today!

**Auto Insurance Quote – AZBY Insurance Brokerage**

**General Information**

**Driver 1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License# \_\_\_\_\_

Are you homeowner? \_\_\_Y \_\_\_ N

Are you married? \_\_\_Y \_\_\_ N

How long have you been licensed? \_\_\_\_\_

**Driver 2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License# \_\_\_\_\_

Are you homeowner? \_\_\_Y \_\_\_ N

Are you married? \_\_\_Y \_\_\_ N

How long have you been licensed? \_\_\_\_\_

**Vehicle Information**

Is this a dealer purchase or referral? \_\_\_Y \_\_\_ N

If yes, what is the dealers name? \_\_\_\_\_

Is Vehicle 1 New Purchase? \_\_\_Y \_\_\_ N

Vehicle 1 Financing \_\_\_\_\_

Is Vehicle 2 New Purchase? \_\_\_Y \_\_\_ N

Vehicle 2 Financing \_\_\_\_\_

	Year	Make	Model	Vin #
Vehicle 1				
Vehicle 2				

**Vehicle Usage:**

Use of Vehicle 1 (required) \_\_\_Pleasure \_\_\_Work Under 3 Miles

\_\_\_Work Over 3 Miles \_\_\_Business

Use of Vehicle 2 (if applicable) \_\_\_Pleasure \_\_\_Work Under 3 Miles

\_\_\_Work Over 3 Miles \_\_\_Business

**Vehicle Safety Information**

Vehicle 1

- Alarm
- Airbags
- Daytime Running Lights
- Defensive Driving Course
- ABS
- Auto Seat Belts

Vehicle 2

- Alarm
- Airbags
- Daytime Running Lights
- Defensive Driving Course
- ABS
- Auto Seat Belts

**DRIVER 1:**

Have you had any accidents in the last 40 Months?

Y  N

Describe:

- |  |  |
|--|--|
| <input type="checkbox"/> Speeding Under 20 MPH | <input type="checkbox"/> DUI                         |
| <input type="checkbox"/> Speeding Over 20 MPH  | <input type="checkbox"/> Reckless                    |
| <input type="checkbox"/> Non At Fault Accident | <input type="checkbox"/> All Other Minor, Not Listed |
| <input type="checkbox"/> Speeding Under 20 MPH | <input type="checkbox"/> All Major Not Listed        |
| <input type="checkbox"/> Speeding Under 20 MPH |  |

**DRIVER 2:**

Have you had any accidents in the last 40 Months?

\_\_\_ Y \_\_\_ N

Describe:

\_\_\_ Speeding Under 20 MPH

\_\_\_ DUI

\_\_\_ Speeding Over 20 MPH

\_\_\_ Reckless

\_\_\_ Non At Fault Accident

\_\_\_ All Other Minor, Not Listed

\_\_\_ Speeding Under 20 MPH

\_\_\_ All Major Not Listed

\_\_\_ Speeding Under 20 MPH

**Automobile Insurance Coverage Information**

**Prior Automobile Coverage**

Were you insured in the past 6 Months? \_\_\_ Y \_\_\_ N

If Yes, Please provide the following:

Insurance Company Name: \_\_\_\_\_

Expiration date of Policy: \_\_\_\_\_

How long were you insured? \_\_\_\_\_

What is/was your current premium? \_\_\_\_\_

**Comprehensive Coverage**

**Deductible Vehicle 1 (if applicable)**

\_\_\_ \$100

\_\_\_ \$500

\_\_\_ \$250

\_\_\_ \$1,000

**Deductible Vehicle 2 (if applicable)**

\_\_\_ \$100

\_\_\_ \$500

\_\_\_ \$250

\_\_\_ \$1,000

**Collision Coverage**

**Deductible Vehicle 1 (if applicable)**

\_\_\_ \$100

\_\_\_ \$250

\_\_\_ \$500

\_\_\_ \$1,000

**Deductible Vehicle 2 (if applicable)**

\_\_\_ \$100

\_\_\_ \$250

\_\_\_ \$500

\_\_\_ \$1,000

**How did you hear about us?** \_\_\_\_\_