

Ph.914.698.1373 Fax 914.698.0125 info@palanciainsurance.com

116 Mamaroneck Ave. Mamaroneck, New York 10543

## \*\* Please save and attach this form to an email to info@palanciainsurance.com \*\*

1. (Mr., Miss, Mrs.) Name:	Phone:	Date of Birth:		
License#: SS#:	Education:	Occupation-Indusrty:		
Email:	Married  Single	☐ (if married need spouse information)		
Accident Prevention Course: yes □ no □ Date: T	_			
2. Spouse's Name (Mr., Mrs.) :	Phone:	Date of Birth:		
License#: SS#:	Education:	Occupation -Indusrty:		
	_ Accident Prevention Course: yes □ no □ Date:			
Any tickets and or accidents in the past 4 years: yes $\square$ no $\square$				
	yes, provide details			
3. Address:				
Do you own □ or rent □ Present Insurance Company:		Expiration Date of Policy:		
Present coverage limits:				
How Long at current address: If less than 4y	rs, list prior address:			
4. Car 1 Information	5. Car 2 Inform	ation		
Did you purchase the car New □Used □ Annual Milage:				
Date purchased/leased/financed:	Date purchased/leased/financed:			
Year: Make: Model:				
Owned   Leaned   Current Odometer				
VIN:		VIN:		
Who is the driver:		Who is the driver:		
If used to commute how many days a week	If used to com	If used to commute how many days a week		
If more than one insured who is the car(s) registered to	If more than o	If more than one insured who is the car(s) registered to		
Who is the primary driver of the (each) car	Who is the prir	Who is the primary driver of the (each) car		
Drive to work □ or school □ how many miles one way	Drive to work	Drive to work □ or school □ how many miles one way		
Does the car have:	Does the car h	Does the car have:		
Alarm System: yes □ no □, Active □ or Passive □	Alarm System:	yes □ no □, Active □ or Passive □		
Air Bags: yes □ no □ how many:	Air Bags: yes	□ no □ how many:		
Anti Lock Brakes: yes □ no □		es: yes 🗆 no 🗆		
Daytime running lights: yes $\square$ no $\square$	Daytime runni	ng lights: yes □ no □		
Type of coverage requested:	Type of covera	ge requested:		
☐ Liability limit	☐ Liability lim	nit		
☐ Comp (fire, theft,) deductible	☐ Comp (fire,	theft,) deductible		
☐ Full glass	☐ Full glass	☐ Full glass		
☐ Collision deductible:	☐ Collision de	eductible:		
☐ Towing ☐ Rental	☐ Towing	☐ Towing ☐ Rental		



Automobile Quote Form

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		Phone:	Date of Birth:		
icense#:	SS#:	Education:	Occupation:		
ccident Prevention C	ourse: yes 🗆 no 🗆 if yes, provide date	<u> </u>			
ny tickets and or acc	idents in the past 4 years: yes □ no □	if yes, provide details			
'. Name:		Phone:	Date of Birth:		
icense#:	SS#:	Education:	Occupation:		
ccident Prevention C	course: yes $\square$ no $\square$ if yes, provide date	·			
ny tickets and or acc	idents in the past 4 years: yes □ no □	if yes, provide details			
3. Car 3 Information		9. Car 4 Information			
	car New□ Used □ Annual Milage:		he car New □ Used □ Annual Milage:		
	ed/financed:		ased/financed:		
Year:	Make: Model:		Make: Model:		
	☐ Leaned ☐ Current Odometer		Owned □ Leased □ Leaned □ Current Odometer		
			Who is the driver:		
	ow many days a week		If used to commute how many days a week		
If more than one insu	red who is the car(s) registered to	If more than one in	If more than one insured who is the car(s) registered to		
Who is the primary dr	river of the (each) car	Who is the primary	Who is the primary driver of the (each) car		
Drive to work $\square$ or so	chool 🗆 how many miles one way	Drive to work 🗆 o	Drive to work □ or school □ how many miles one way		
		Does the car have:	Does the car have:		
Does the car have:	no $\square$ , Active $\square$ or Passive $\square$	Alarm System: yes	Alarm System: yes □ no □, Active □ or Passive □		
	how many:	Air Bags: yes □ no	Air Bags: yes □ no □ how many:		
Alarm System: yes □			D   How many		
Alarm System: yes □ Air Bags: yes □ no □	<del>-</del>	Anti Lock Brakes: y	<del>-</del>		
Alarm System: yes □ Air Bags: yes □ no □ Anti Lock Brakes: yes	□ no □	Daytime running li	res □ no □ ghts: yes □ no □		
Alarm System: yes □ Air Bags: yes □ no □ Anti Lock Brakes: yes Daytime running ligh	□ no □ ts: yes □ no □		res □ no □ ghts: yes □ no □		
Alarm System: yes  Air Bags: yes  no  Anti Lock Brakes: yes  Daytime running ligh  Type of coverage requ  Liability limit	□ no □ ts: yes □ no □ uested:	Daytime running li	res □ no □ ghts: yes □ no □		
Does the car have: Alarm System: yes  Air Bags: yes  no  Anti Lock Brakes: yes Daytime running ligh Type of coverage requ Liability limit Comp (fire, theft,)	□ no □ ts: yes □ no □ uested:	Daytime running li Type of coverage re	ghts: yes  no  no  no  no  no  no  no  no  no  n		
Alarm System: yes  Air Bags: yes  no  Anti Lock Brakes: yes  Daytime running ligh  Type of coverage requ  Liability limit  Comp (fire, theft,)  Full glass	no n	Daytime running li Type of coverage re Liability limit Comp (fire, the	res no		
Alarm System: yes  Air Bags: yes  no  Anti Lock Brakes: yes Daytime running ligh Type of coverage requ Liability limit Comp (fire, theft,) Full glass	□ no □ ts: yes □ no □ uested:	Daytime running li Type of coverage re Liability limit Comp (fire, the	ghts: yes  no  no  no  no  no  no  no  no  no  n		
Alarm System: yes  Air Bags: yes  no  Anti Lock Brakes: yes  Daytime running ligh  Type of coverage requestible  Comp (fire, theft,)  Full glass  Collision deductibe	no n	Daytime running li Type of coverage re Liability limit Comp (fire, the Full glass Collision deduce	res		
Alarm System: yes  Air Bags: yes  no  Anti Lock Brakes: yes  Daytime running ligh  Type of coverage requ  Liability limit  Comp (fire, theft,)  Full glass  Collision deductib	no n	Daytime running li Type of coverage re Liability limit Comp (fire, the	res no		