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PRIVATE PASSENGER AUTOMOBILE INSURANCE QUOTE REQUEST

APPLICANT'S NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ CHECK IS GARAGE ADDRESS IS THE SAME
 _____ IF NOT COMPLETE: _____

HOMEOWNER PRIOR INSURANCE PRIOR LIABILITY LIMITS: _____ EXPIRATION DATE _____

DRIVER (S) INFORMATION

#	DRIVER NAME	DATE OF BIRTH	M/ F	M/ S	RELATION TO APPLICANT	SOCIAL SEC #	YEARS W/FLA. D/L	D/L NUMBER
1								
2								
3								
4								

#	ACCIDENTS, VIOLATIONS, OR LOSSES	#	ACCIDENTS, VIOLATIONS, OR LOSSES

VEHICLE (S) INFORMATION

#	YEAR	MAKE	MODEL	VIN	AIR BAGS	ABS	ALARM	USE	PHYSICAL DAMAGE DEDUCTIBLE (IF DESIRED)
1					<input type="checkbox"/> DRIVER <input type="checkbox"/> PASS			<input type="checkbox"/> PRIV <input type="checkbox"/> BUS	<input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000 <input type="checkbox"/> TOWING <input type="checkbox"/> RENTAL
2					<input type="checkbox"/> DRIVER <input type="checkbox"/> PASS			<input type="checkbox"/> PRIV <input type="checkbox"/> BUS	<input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000 <input type="checkbox"/> TOWING <input type="checkbox"/> RENTAL
3					<input type="checkbox"/> DRIVER <input type="checkbox"/> PASS			<input type="checkbox"/> PRIV <input type="checkbox"/> BUS	<input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000 <input type="checkbox"/> TOWING <input type="checkbox"/> RENTAL
4					<input type="checkbox"/> DRIVER <input type="checkbox"/> PASS			<input type="checkbox"/> PRIV <input type="checkbox"/> BUS	<input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 750 <input type="checkbox"/> 1000 <input type="checkbox"/> TOWING <input type="checkbox"/> RENTAL

COVERAGE REQUESTED

BODILY INJURY LIABILITY (BI): REJECTED 10/20 25/50 50/100 100/300 500/500

PROPERTY DAMAGE LIABILITY (PD): 10 25 50 100

PERSONAL INJURY PROTECTION (PIP): 0 250 500 1000 2000 DEDUCTIBLE
 APPLICABLE TO: NAMED INSURED ONLY
 NAMED INSURED DEPENDANT AND RELATIVES

UNINSURED MOTORIST (UM): REJECTED 10/20 25/50 50/100 100/300 500/500

MEDICAL PAYMENTS: REJECTED 500 1000 2000 5000

THIS IS NOT AN APPLICATION FOR INSURANCE, THIS IS A INSURANCE QUOTE REQUEST

PLEASE COMPLETE AND FAX BACK TO US AT 305.629.7808 OR BY EMAIL TO GMAIL@ALLCITYINS.COM