



# Automobile Insurance Quotation

Please fill-in the following information, and return this form to our office at:

38 Bellevue Avenue, Suite B  
Newport, Rhode Island 02840

You may also return this form to us via **fax to (401) 849-4980** or **e-mail to Quotes@dfdwyer.com**

To protect your privacy, we will contact you shortly by your preferred method of contact to request additional personal information (including a SSN and license number for each driver listed) so that we may provide you with the most accurate quotation possible.

Applicant First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred Method of Contact       Phone       E-mail

Have you had auto insurance in the past year?      Yes / No

Have you had any lapse in coverage in the past year?      Yes / No

    If YES, was the lapse consistent for over 30 days?      Yes / No

Current auto insurance company? \_\_\_\_\_

Expiration or cancellation date of your current auto insurance policy? \_\_\_\_\_ (mm/dd/yyyy)

**Household Drivers:** *(If necessary, please add additional driver information on the back of this form.)*

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ 3. Name \_\_\_\_\_ DOB \_\_\_\_\_

2. Name \_\_\_\_\_ DOB \_\_\_\_\_ 4. Name \_\_\_\_\_ DOB \_\_\_\_\_

**Vehicles:** *(If necessary, please add additional vehicle information on the back of this form.)*

1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN# \_\_\_\_\_

Airbags      Yes / No      Alarm System \_\_\_\_\_

2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN# \_\_\_\_\_

Airbags      Yes / No      Alarm System \_\_\_\_\_

3: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN# \_\_\_\_\_

Airbags      Yes / No      Alarm System \_\_\_\_\_

Requested Effective Date of Policy \_\_\_\_\_ (mm/dd/yyyy)

Are you interested in quoting any other insurance risks or services? (Check all that apply.)

Homeowners     Condominium     Tenant     Excess Liability     Personal Umbrella

Commercial     Life     Health     Boat     Financial services     Other \_\_\_\_\_