



27 Pine Hollow Road, Oyster Bay, NY 11771

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Personal Auto Insurance Quote Sheet

Date: _____

Applicant Information

Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Date of Birth</i>	<i>SS#</i>
_____	_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Date of Birth</i>	<i>SS#</i>
_____	_____	_____	_____	_____

Address:

<i>Street Address</i>	<i>Apartment/Unit #</i>	
_____	_____	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
_____	_____	_____

Best Phone:

() _____

Own Home Y / N Rent Apartment Y / N

Email

_____ Referred by: _____

Driver Information

	First Name	Last Name	DOB	License # / State	Married/Single Divorced/ Widow	Occupation	# Miles to work
1							
2							
3							
4							
1	Student Y/N	Drivers Ed Y/N	Defensive Driving Course Y/N	5yr Clean Driving Record Y/N			
2	Student Y/N	Drivers Ed Y/N	Defensive Driving Course Y/N	5yr Clean Driving Record Y/N			
3	Student Y/N	Drivers Ed Y/N	Defensive Driving Course Y/N	5yr Clean Driving Record Y/N			
4	Student Y/N	Drivers Ed Y/N	Defensive Driving Course Y/N	5yr Clean Driving Record Y/N			

Vehicle Information

	Year	Make	Model	VIN	Driver #	Antilock Run Brakes	Airbags	Alarm	Daytime Lights
1						Y/N	Y/N	Y/N	Y/N
2						Y/N	Y/N	Y/N	Y/N
3						Y/N	Y/N	Y/N	Y/N
4						Y/N	Y/N	Y/N	Y/N
5						Y/N	Y/N	Y/N	Y/N

Coverage

Liability - BI _____ / _____ PD _____

PIP (Personal Injury) _____ APIP (Additional PIP) _____

Medical Payments _____

Uninsured Motorist _____ / _____

Collision *Ded or None* Veh 1 _____ Veh 2 _____ Veh 3 _____ Veh 4 _____

Comprehensive *Ded or None* _____

Rental Limit _____

Towing Limit _____

Other *Explain* _____

Complete other side

