



2075 WEST 76TH STREET HIALEAH, FL 33016
PHONE: 305-825-3464 FAX: 305-822-8535

AUTOMOBILE CONTACT FORM

- 1.) Please list all the members who currently reside in the household regardless of age. Provide name (exactly as it appears on the drivers license), sex, marital status, date of birth, and driver's license number (if available) of each applicant including yourself.

- 2.) Please list all of the vehicles that will be garaged at the residence. Kindly include the year, make, model, and vehicle identification number (VIN) # of the vehicles. Also, include any leasing/financing companies on the vehicles.

- 3.) Please provide the usage (work/school, etc.) and the distance in miles of your primary commute. For Example, if you commute 5 miles to get to work then the distance would be 5 miles.

- 4.) Are all of the vehicles listed on the policy garaged at the address you provided? If there is another location please indicate location and the vehicle in question.

- 5.) Do you currently rent or own?

- 6.) Are you currently insured? Please note that the insurance cannot be lapsed in order for it to be considered prior insurance. If you currently have insurance, is it being canceled or non-renewed? Kindly indicate desired effective date?

- 7.) Please indicate limits of liability? Please note we do not write stand alone PIP/PD only policies; policies must include Bodily Injury coverage.

8.) Would you like to include rental/towing service?

*We also write Homeowners, Flood, and Business Insurance. Please let me know if you are interested in a quote for any other type of Insurance. Our rates are very competitive and I would be happy to provide you with a quote.