DiBuduo DeFendis INSURANCE

Automobile Quotation

DATE RECEIVED: _____ **PRODUCER:** _____

***Depending on market availability and complexity of risk, quotes may take up to 10 business days

Applicant's Name: _____

Garaging Address: _____

Mailing Address IF Different: _____

Contact Number: _____ ☐ Cell ☐ Office ☐ Home

Contact Email Address: _____

Please explain any coverage lapses in past 5 years:

_____

DRIVER & USAGE INFORMATION

DRIVER	NAME	BIRTH DATE	CA LICENSE #	GOOD STUDENT	MARITAL STATUS
1				☐ Yes ☐ No	☐ M ☐ S ☐ D
2				☐ Yes ☐ No	☐ M ☐ S ☐ D
3				☐ Yes ☐ No	☐ M ☐ S ☐ D
4				☐ Yes ☐ No	☐ M ☐ S ☐ D

DRIVER #	RELATIONSHIP TO APPLICANT	OCCUPATION	Address of location driven To & From regularly	Average # of Days Per Week
1				
2				
3				
4				

VEHICLE INFORMATION

	Veh 1	Veh 2	Veh 3	Veh 4
Year/Make				
Model				
Vehicle ID (VIN)				
Odometer Reading				
Bodily Injury	$	$	$	$
Property Damage	$	$	$	$
Medical Payments	$	$	$	$
Uninsured/Underinsured	$	$	$	$
Comprehensive Ded	$	$	$	$
Collision Ded	$	$	$	$
Emergency Roadside/Tow	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Rental Coverage	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Primary Use				
	*****PLEASURE, TO & FROM OFFICE, BUSINESS USE, ETC.*****			
# of Miles 1-Way				
Est. # of Miles to be driven next 12-months				
Vehicle Leased	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Loan/Lease Gap Coverage	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Automobile Quotation

Supplemental Questions

Is there a company vehicle in the household available for Personal Use? ☐ Yes ☐ No

******You may be eligible for a multi-car discount with copy of company car's vehicle registration***

Please list any non-factory electronic equipment/device permanently installed in any vehicle – incl veh # from above:

Please list any customized equipment attached to or in any vehicle - incl veh # from above:

If applicant is NOT the registered owner any vehicle listed above, please explain below:

Please list vehicle used for ride share services e.g. Uber, Lyft, Doordash, Amazon delivery:

COMPLETED BY: _____ **COMPLETED DATE:** _____

******If not the insured, your relationship to the insured:*** _____

Customer Service Representative (CSR) _____

Possible discounts available:

- ☐ AAA Membership
- ☐ Bank of America Employee
- ☐ CAL CPA
- ☐ California Medical Association
- ☐ Costco/Sam's Club membership
- ☐ Educators
- ☐ Government Employee
- ☐ Pilots
- ☐ Public Safety Professional
- ☐ Scientists and Engineers