

**WE GOT YOU COVERED INSURANCE AGENCY**  
**Insurance - Risk Management - Administrative Services**  
**195 MAIN STREET NEW MILFORD, NJ 07646**  
**Tel. 201-523-9048**  
**EMILY@WEGOTYOUCOVEREDINSURANCE.COM**

**AUTO QUOTE:**   **Date:**   /   /   **Info Taken by:**   **Producer or Referred by:**   \_\_\_\_\_

Name   \_\_\_\_\_   Home #:   \_\_\_\_\_  
Address:   \_\_\_\_\_   Work #:   \_\_\_\_\_  
Town:   \_\_\_\_\_   Zip:   \_\_\_\_\_   Cell. #:   \_\_\_\_\_  
Email address:   \_\_\_\_\_

DRIVER 1	DRIVER 2	DRIVER 3
name: _____	name: _____	name: _____
date of birth: _____	date of birth: _____	date of birth: _____
social sec.#: _____	social sec.#: _____	social sec.#: _____
yrs licensed: _____ St. licensed: _____	yrs licensed: _____ St. licensed: _____	yrs licensed: _____ St. licensed: _____
married       or       single	married       or       single	married       or       single
male       or       female	male       or       female	male       or       female
accidents/tickets past 5 yrs: _____	accidents/tickets past 5 yrs: _____	accidents/tickets past 5 yrs: _____
_____	_____	_____
_____	_____	_____
lic #: _____	lic #: _____	lic #: _____
Ever had a license suspension? _____	Ever had a license suspension? _____	Ever had a license suspension? _____

CAR 1	CAR 2	CAR 3
yr: _____ make: _____	yr: _____ make: _____	yr: _____ make: _____
model: _____	model: _____	model: _____
vin: _____	vin: _____	vin: _____
annual mileage: _____	annual mileage: _____	annual mileage: _____
<b>CIRCLE ALL THAT APPLY:</b>	<b>CIRCLE ALL THAT APPLY:</b>	<b>CIRCLE ALL THAT APPLY:</b>
Use: pleasure – business – commute, miles one way: _____	Use: pleasure – business – commute, miles one way: _____	Use: pleasure – business – commute, miles one way: _____
Alarm: yes       or       no	Alarm: yes       or       no	Alarm: yes       or       no
financed - leased - pd in full	financed - leased - pd in full	financed - leased - pd in full
Comp. (fire&theft)deductible:	Comp. (fire&theft)deductible:	Comp. (fire&theft)deductible:
100 200 250 500 750 1000 1500 2000	100 200 250 500 750 1000 1500 2000	100 200 250 500 750 1000 1500 2000
Collision deductible:	Collision deductible:	Collision deductible:
100 200 250 500 750 1000 1500 2000	100 200 250 500 750 1000 1500 2000	100 200 250 500 750 1000 1500 2000
Towing and Rental?    Y   or   N	Towing and Rental?    Y   or   N	Towing and Rental?    Y   or   N

**CIRCLE LIMITS DESIRED FOR QUOTING:**

bodily injury liability:	50/100	100/300	250/500
property damage liability:	25	50	100
pip option:	basic	1, 2, 3, 4, 5	higher _____
lawsuit option:	verbal	or	zero/no limit

**Current Insurance: Y / N   If yes, how long: \_\_\_\_\_ yrs.   Do you own a home: Y / N.   Do you have AAA: Y / N.**  
**Any other licensed drivers in household not listed on this quote sheet: Y or N. Any vehicles used for a ride sharing service such as Uber: Y / N. TD Bank account holder: Y / N**  
**In order to qualify for our best rate, we ask for your social security number.**