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Personal Automobile... Quick Quote Sheet

AGENCY- Name:						Today's Date:						
Contact- Name/Email-						Phone #:						
Nom	and Inci	ırod:										
Named Insured: Current Address: Garage Add:												
City,St,Zip Pl						uu.						
Email:												
Driver Information:			Marital	Fax:								
Name:			Status:	DOB	SS#	# Drivers Lic/DDC Date			de Occupation			
Prior Carrier Information:												
		Company:			ending Co Name & Address:							
Current Limits:			Eff Date:		ite:	Exp. Date:			Years:			
Yehicle Information: Year: Make: Model: VIN#: Use: Primary Driver:												
Year:	<u>'ear:</u> Make: Mod				VIN#:	# :				Primary Driver:		
A wa the		hiele medifications?	NO / V	TC /Fymleir	۵)							
Are the	ere any ve	hicle modifications?	NO / YE	ES (Explair	,							
	Limits:											
Bodily Injury (circle one, in 1,000's)						Property Damage (circle one)						
15/30 25/50 50/100 100/300 250/500 300/500 CSL						10,000 25,000 50,0				000 100,000 250,000		
Include Uninsured and Underinsured Comprehensive Deductible									Colli	sion Deductible		
At equal liability limit ci At other liability limit ci						· · · · · · · · · · · · · · · · · · ·				250 500 1000		
Med Pay (circle one) Roadside Assistance					ce	Towing & Labor			Rental Car (circle one)			
500	1000	2000 5000	Yes	No AAA	25	50	75 10	00		40 50 /day		
Insured Loss Information:												
Any accidents, claims, or violations within the past 5 years?												
Date and Type:												