

ABCO INSURANCE UNDERWRITERS
Abco Building, 350 Sevilla Avenue, Coral Gables, Florida 33134
Telephone: 305-461-0950

QUOTE REQUEST -

Agency Name: _____ Date: _____
Phone number: _____ Fax #: _____

BASIC INFO.

Applicant's Name: _____ Policy Effective Date: _____
Address: _____ City: _____ State: _____ Zip code: _____
Do you own your Home? _____ Home phone number: _____
Will you exclude a licensed spouse? _____ Any other excluded license drivers? _____
Continues Prior Insurance? _____ Prior Carrier: _____
Number of years Insured: _____ /Months _____ **EXP. DATE** _____
Policy Type Standard /Non-Standard: _____ Prior BI Limits: _____
Current/Prior Policy being cancelled of non-renewed? _____

Drivers Information:

Drv. #1 Name: _____ D.O.B. _____ D/L #: _____
Social Security #: _____ Relationship to insured _____
Gender: M ___ / F ___ Marital Status: _____ Occupation: _____
License Type/State _____ Date First Licensed _____
Does Driver require an SR-22? _____
Accidents/Violations/Claims in the last Sixty Months: _____

Drv. #2 Name: _____ D.O.B. _____ D/L #: _____
Social Security #: _____ Relationship to insured _____
Gender: M ___ / F ___ Marital Status: _____ Occupation: _____
License Type/State _____ Date First Licensed _____
Does Driver require an SR-22? _____
Accidents/Violations in the last Sixty Months: _____

Drv. #3 Name: _____ D.O.B. _____ D/L #: _____
Social Security #: _____ Relationship to insured _____
Gender: M ___ / F ___ Marital Status: _____ Occupation: _____
License Type/State _____ Date First Licensed _____
Does Driver require an SR-22? _____
Accidents/Violations in the last Sixty Months: _____

VEHICLES

Veh. #1 Year: _____ Make _____ Model _____
VIN# _____
Usage _____ Miles one way: _____ Lease: yes or no. _____
Vehicle registered under corporation: _____
Anti-Theft Device: _____ Type _____ Anti Lock Brakes: _____
Air bag Disc: _____ Garaging zip code: _____
Any equipment that is not stock from the manufacturer of factory? _____
Percentage used of vehicle per driver _____

Coverage
Comp Ded: _____ Coll Ded: _____ Towing & Labor: _____ Rental Reimb: _____

Veh. #2 Year: _____ Make _____ Model _____
VIN# _____
Usage _____ Miles one way: _____ Lease: yes or no. _____
Vehicle registered under corporation: _____
Anti-Theft Device: _____ Type _____ Anti Lock Brakes: _____
Air bag Disc: _____ Garaging zip code: _____
Any equipment that is not stock from the manufacturer of factory? _____
Percentage used of vehicle per driver _____

Coverage
Comp Ded: _____ Coll Ded: _____ Towing & Labor: _____ Rental Reimb: _____

Veh. #3 Year: _____ Make _____ Model _____
VIN# _____
Usage _____ Miles one way: _____ Lease: yes or no. _____
Vehicle registered under corporation: _____
Anti-Theft Device: _____ Type _____ Anti Lock Brakes: _____
Air bag Disc: _____ Garaging zip code: _____
Any equipment that is not stock from the manufacturer of factory? _____
Percentage used of vehicle per driver _____

Coverage
Comp Ded: _____ Coll Ded: _____ Towing & Labor: _____ Rental Reimb: _____

POLICY COVERAGE

BI/PD limits: _____ UMBI: _____

UMBI Stacked or Non-Stacked: _____

PIP Cov. Type: _____ PIPDED: _____

(Basic or Extended)

PIP applies to: _____ Apply wage loss Exclusion to PIP? _____

(NIO or NIR) (Yes or no)

MED PAY: _____

(If other vehicles or drivers please attach additional form)