



Automobile Insurance Quotation

Please fill-in the following information, and return this form to our office at:

38 Bellevue Avenue, Suite B
Newport, Rhode Island 02840

You may also return this form to us via **fax to (401) 849-4980** or **e-mail to Quotes@dfdwyer.com**

To protect your privacy, we will contact you shortly by your preferred method of contact to request additional personal information (including a SSN and license number for each driver listed) so that we may provide you with the most accurate quotation possible.

Applicant First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

Preferred Method of Contact Phone E-mail

Have you had auto insurance in the past year? Yes / No

Have you had any lapse in coverage in the past year? Yes / No

If YES, was the lapse consistent for over 30 days? Yes / No

Current auto insurance company? _____

Expiration or cancellation date of your current auto insurance policy? _____ (mm/dd/yyyy)

Household Drivers: *(If necessary, please add additional driver information on the back of this form.)*

1. Name _____ DOB _____ 3. Name _____ DOB _____

2. Name _____ DOB _____ 4. Name _____ DOB _____

Vehicles: *(If necessary, please add additional vehicle information on the back of this form.)*

1: Year _____ Make _____ Model _____ VIN# _____

Airbags Yes / No Alarm System _____

2: Year _____ Make _____ Model _____ VIN# _____

Airbags Yes / No Alarm System _____

3: Year _____ Make _____ Model _____ VIN# _____

Airbags Yes / No Alarm System _____

Requested Effective Date of Policy _____ (mm/dd/yyyy)

Are you interested in quoting any other insurance risks or services? (Check all that apply.)

Homeowners Condominium Tenant Excess Liability Personal Umbrella

Commercial Life Health Boat Financial services Other _____