

Please use the back for additional drivers or vehicles.

FITZGIBBONS

AGENCY · INSURANCE

FULL SERVICE FOR LESS

Phone: 315-342-5000
Fax: 315-342-5200
35 East First Street
Oswego, NY 13126

Automobile Quote Request

Current company and renewal date: _____

Have you or anyone in your household been in an accident or received a ticket in the past 40 months? _____

If yes, explain: _____

Name: _____
Mailing address: _____
Garaging location: _____
Phone: _____
Email: _____

VEHICLE 1

Year: _____ Make/Model: _____
VIN: _____
Primary operator: _____
Miles one way to work/school: _____
 ABS Airbags Anti-theft Daytime lights

VEHICLE 2

Year: _____ Make/Model: _____
VIN: _____
Primary operator: _____
Miles one way to work/school: _____
 ABS Airbags Anti-theft Daytime lights

COVERAGE AMOUNTS

\$	Bodily injury
\$	Property damage
\$	Medical payments
\$	Personal Injury Protection (PIP)
\$	Additional PIP
\$	Supplemental Uninsured Motorist (SUM)
\$	Towing OBEL <input type="checkbox"/> Yes <input type="checkbox"/> No
\$	Rental car Full glass <input type="checkbox"/> Yes <input type="checkbox"/> No
\$	Comprehensive deductible
\$	Collision deductible

DRIVER 1

Name: _____
Sex: _____ Married/Single: _____
SS#: _____ DOB: _____
Driver's License #: _____ State: _____
Date/State first licensed: _____
Employer: _____
 Good student Driver's ed
 Accident prevention course Date of course: _____
 College student away over 100 mi without car?

DRIVER 2

Name: _____
Sex: _____ Married/Single: _____
SS#: _____ DOB: _____
Driver's License #: _____ State: _____
Date/State first licensed: _____
Employer: _____
 Good student Driver's ed
 Accident prevention course Date of course: _____
 College student away over 100 mi without car?

DRIVER 3

Name: _____
Sex: _____ Married/Single: _____
SS#: _____ DOB: _____
Driver's License #: _____ State: _____
Date/State first licensed: _____
Employer: _____
 Good student Driver's ed
 Accident prevention course Date of course: _____
 College student away over 100 mi without car?