

In order to obtain a quote from our **Exclusive Small Business Auto Insurance Program**, the following information is required. Please complete this form and fax it to us at (908) 281-6160 or simply fax a copy of your current **Auto** and **Homeowners** insurance Declarations pages if they already provide this information.

NAME OF BUSINESS: _____ NATURE OF BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____ EMAIL _____

DRIVERS:

Name: _____ Name: _____ Name: _____ Name: _____

M or F M or S M or F M or S M or F M or S M or F M or S

Date of Birth: _____ DOB: _____ DOB: _____ DOB: _____

Social Sec #: _____ SS#: _____ SS#: _____ SS#: _____

Drivers Lic # DL# DL# DL#
& State : _____ & ST: _____ & ST: _____ & ST: _____

Month & Year Mo/Yr: _____ Mo/Yr: _____ Mo/Yr: _____
Originally Lic: _____

VEHICLES:

Year: _____ F or L	Year: _____ F or L	Year: _____ F or L	Year: _____ F or L
Make/Model: _____	Make/Model: _____	Make/Model: _____	Make/Model: _____
Vin#: _____	Vin #: _____	Vin #: _____	Vin #: _____
Sub Model: _____	Sub Model: _____	Sub Model: _____	Sub Model: _____
Annual Miles: _____	Annual Miles: _____	Annual Miles: _____	Annual Miles: _____
Use: W or P Miles: _____	Use: W or P Miles: _____	Use: W or P Miles: _____	Use: W or P Miles: _____
Deductibles Comp & Collision Coverage: _____	Deductible: _____	Deductible: _____	Deductible: _____
Prim Oper: _____	Prim Oper: _____	Prim Oper: _____	Prim Oper: _____

CURRENT INSURANCE INFO:

Current Insurance Carrier & Policy Number:	How Long:	Renewal Date:
_____	_____	_____

Coverage:
Liability Limits: _____/_____/_____

Referral Information: I was referred by
Accountant: _____
Accounting firm: _____