

QUOTE REQUEST INFORMATION

Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

Street Address: _____

Homeowners Insurance Expiration Date: _____ Auto Insurance Expiration Date: _____ Insurance Company: _____

Non-smoker Smoker Group Program: _____

VEHICLE INFORMATION:

Veh #	Year	Make	Model	Body Style	Vehicle Identification #	Miles to Work	Days/Week	Used for Business?
1								
2								
3								
4								

If all vehicles are not kept at the above address, please provide the location where they are kept: Veh. #: _____

Address: _____ City: _____ State: _____ Zip: _____

DRIVER INFORMATION:

Driver #	Name	Relation to You	Sex M/F	Marital Status	Date of Birth	Good Student Y/N	% Use of Vehicles Vehicle #			
							1	2	3	4
1		SELF								
2										
3										
4										

Accidents &/or Violations Within the Last 5 Years:

Driver #	Date	Description (Violation or Accident)	At Fault Yes/No	Location	\$ Amount Paid	
					To You:	To Other Party
	/ /					
	/ /					
	/ /					
	/ /					

COVERAGE REQUESTED:

For the most accurate quotation, refer to your existing policy and check coverage that apply, or attach a copy of your policy.

BODILY INJURY		PROPERTY DAMAGE	COMPREHENSIVE DEDUCTIBLE (Other than Collision)				COLLISION DEDUCTIBLE					
Per Person	Per Accident	Per Accident	Amount	Vehicle #				Amount	Vehicle #			
				1	2	3	4		1	2	3	4
<input type="checkbox"/> \$ 50,000	\$100,000	\$ 25,000	\$ 50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$100,000	\$300,000	\$ 50,000	\$ 100.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$250.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$250,000	\$500,000	\$100,000	Other \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$500.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$ _____	\$ _____	\$ _____	No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Payments: \$1000. \$5000. \$10,000. Please Recommend Coverage

HOME INFORMATION:

OCCUPANCY: Single Family Residence Condo Apartment
 Duplex Other

Number of Families in building: _____ Own Rent

Construction Type: Frame Brick Other (specify) _____

Year Built: _____ If applicable – Years of updates: _____
Roof: _____ Plumbing: _____ Wiring: _____ Heating: _____

Smoke Detectors: Yes No Other Alarms? (describe) _____

Distance to Fire Station: _____ miles Hydrant: _____ feet

Is there a dog in the household? Yes No If yes, what breed? _____

Do you have a pool? Yes No If yes, is it fenced? _____

Any losses in the last 3 years? Yes No If yes, date: ____/____/____

Description: _____

COVERAGE REQUESTED:

OWNERS:	LIMITS	RENTERS AND CONDO OWNERS:
Dwelling Coverage Amount: \$ _____		Personal Property Amount: \$ _____
DEDUCTIBLE: \$ _____		
PERSONAL LIABILITY:		MEDICAL PAYMENTS:
<input type="checkbox"/> \$100,000		<input type="checkbox"/> \$1000
<input type="checkbox"/> \$300,000		<input type="checkbox"/> \$5000
<input type="checkbox"/> \$500,000		<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Please Recommend Coverage		

MISCELLANEOUS COVERAGES:

I would also like information on insuring my:

- Personal Umbrella
- Secondary Residence
- Personal Watercraft
- Scheduled Personal Property (Jewelry, Fine Arts, Oriental Rugs or Furs)
- Recreational Vehicles (ATV's & Snowmobiles)
- Business

Please fax, mail or drop this form off at any one of our 4 conveniently located offices:

Maloney Associates
12 East South Street
Hanover, NH 03755

Maloney Associates
1650 Elm St, Suite 501
Manchester, NH 03101

River Valley Ins.
PO Box 16, Bridge St.
Orford, NH 03777

Jillson Insurance Services
PO Box 858, 189 Main St.
New London, NH 03257

tel 603 643-4223
fax 603 643-3554

tel 603 669-9700
fax 603 626-5580

tel 603 353-4885
fax 603 353-4102

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