

# Marquis Brokerage

All forms of Insurance

## Auto Insurance Application

### Personal Information

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email : \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

How many years have you been licensed? \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_\_\_

Do you currently hold a NY State Drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Please provide your License number. \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

### Automobile Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vin #: \_\_\_\_\_

Number Of Autos \_\_\_\_\_ (list Auto information on the following pages)

### ***Does your vehicle have any of the following features?***

Anti Lock Brakes: Yes \_\_\_\_\_ No \_\_\_\_\_

Air Bags: 1 \_\_\_\_\_ 2 \_\_\_\_\_ none \_\_\_\_\_

Anti-theft Device: Passive Alarm \_\_\_\_\_ Active Alarm \_\_\_\_\_ LOJACK \_\_\_\_\_

Passive Restraints: Yes \_\_\_\_\_ No \_\_\_\_\_

Daytime Running Lights Yes \_\_\_\_\_ No \_\_\_\_\_

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### Coverage Requested

25 / 50 / 10 \_\_\_\_\_ 50 / 100 / 50 \_\_\_\_\_ 100 / 300 / 50 \_\_\_\_\_

Other \_\_\_\_\_

Liability only \_\_\_\_\_ Full Coverage \_\_\_\_\_

### Please list the licensed drivers in your household:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you currently insured? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Please provide us with the name of your current insurance carrier:

\_\_\_\_\_

Have you attended a Defensive Driving/Point Reduction class? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Deductible: \$500 \_\_\_\_\_ \$1000 \_\_\_\_\_

Full Glass: Yes \_\_\_\_\_ No \_\_\_\_\_ Deductible: \_\_\_\_\_

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Do you have any tickets for moving violations or accidents in the last 3.5 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide us with a brief description: *(Please do not list parking violations.)*

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Additional Information

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**Please complete this form by typing or writing clearly. Then Sign and Fax this document & the Credit Authorization Form to 212-825-0955 or (718) 980-5676**

**Signature**

Name \_\_\_\_\_ Date \_\_\_\_\_