

# BFA Wholesale Insurance/Pinkham Agency

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## Personal/Commercial Automobile... Quick Quote Sheet

AGENCY- Name:

Today's Date:

Contact- Name/Email-	Phone #:
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### Named Insured:

Current Address:	Garage Add:				
City,St,Zip	Phone #:				
Email:	Fax:				
<b>Driver Information:</b>	Marital Status:	DOB	SS#	Drivers Lic/DDC Date	Occupation
Name:					

### Prior Carrier Information:

Current Insurance Company:	Lending Co Name & Address:		
Current Limits:	Eff Date:	Exp. Date:	Years:

### Vehicle Information:

Year:	Make:	Model:	VIN#:	Use:	Primary Driver:

Are there any vehicle modifications? NO / YES (Explain)

### Limits:

<b>Bodily Injury</b> (circle one, in 1,000's) 15/30 25/50 50/100    100/300 250/500 300/500 CSL	<b>Property Damage</b> (circle one) 10,000    25,000    50,000    100,000    250,000		
<b>Include Uninsured and Underinsured</b> At equal liability limit ci    At other liability limit ci	<b>Comprehensive Deductible</b> 250    500    1000    w/ glass ci	<b>Collision Deductible</b> 250    500    1000	
<b>Med Pay</b> (circle one) 500    1000    2000    5000	<b>Roadside Assistance</b> Yes    No    AAA	<b>Towing &amp; Labor</b> 25    50    75    100	<b>Rental Car</b> (circle one) 30    40    50 /day

### Insured Loss Information:

Any accidents, claims, or violations within the past 5 years?
Date and Type: