

OCG & Associates, Inc.
Oscar M. Cartagena
8750 NW 36St, Suite 650, Doral, FL 33178
Ph: 305-447-9577 / Fax: 305-447-9578
www.ocginsurance.com

Auto Insurance Quote Request

GENERAL INFORMATION

Prospect Insured Name: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____

AUTOMOBILE INFORMATION

Vehicle Year	Make	Model	Vin #	Business Use
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVERS IN HOUSEHOLD

Name	Date of Birth	Married/Single	Relationship to you	License # / State	SSN
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

INSURANCE HISTORY

Prior Insurance Company Name: _____
 Policy Expiration Date: _____
 Annual Premium: _____

Coverage Requested

Current Bodily Injury Limits: _____ Uninsured Motorist Limits: _____ N/A
 Personal Injury Protection: _____ Medical Payment Limits: _____ N/A
 Comprehensive Deductible: _____ Collision Deductible: _____
 Rental Reimbursement Limits: _____ Towing & Labor Limits: _____

Please fax completed form to (305) 447-9578. If current or prior insurance declarations page is available, please attach to fax for a better quote.

COMPLETION OF THIS FORM DOES NOT OBLIGATE OCG & ASSOCIATES, INC TO OFFER A PREMIUM INDICATION OR BIND COVERAGE. ULTIMATE PREMIUM, COVERAGE TERMS AND CONDITIONS MAY ONLY BE DETERMINED AFTER REVIEW OF A FULLY COMPLETED APPLICATION.