



Help you to protect future

For more information, contact our office at 732-820-0047

Completed form send to: Fax (609) 423-1273 or

Email: inquiry@neptunefinserve.com

TO GET PROPER DISCOUNT,
PLEASE ENTER ALL DATA CORRECT & READABLE

PERSONAL AUTO INSURANCE QUOTE FORM

Insured Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Best Time to Contact: ___ Morning ___ Afternoon ___ Evening

Name of Current Carrier: _____ Years with them: _____ Expiration Date: _____ Current Premium: \$ _____

NOTE: We need copy of last 5 years policy documents to get you right discount.

Have you been covered continuously for the past three years (with any carriers)? Yes No

Driver Info: Include All Members of Household of Driving Age
(Please note if any have separate insurance) ***SS# is Required – will run Credit score to get accurate quote

Name	DOB	SS#***	Driver's License #	Marital Status
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Driving Records: Please give us complete details about your last 5 years driving tickets & accidents

Driver 1: Name: _____

Ticket Date:	Type of Ticket	Accident Date	At Fault Y / N	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Driver 2: Name: _____

Ticket Date:	Type of Ticket	Accident Date	At Fault Y / N	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driver 3: Name: _____

Ticket Date:	Type of Ticket	Accident Date	At Fault Y / N	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driver 4: Name: _____

Ticket Date:	Type of Ticket	Accident Date	At Fault Y / N	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driver 5: Name: _____

Ticket Date:	Type of Ticket	Accident Date	At Fault Y / N	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vehicle Info:

Year	Make	Model	VIN#	(one way) Miles to Work	(Pleasure / Work / other) Vehicle Usage	(O / L) Owned/Leased
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____



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Coverage Info:

Liability Limits: (Select limit as you would like to cover your options) (For more information check our website)

Bodily Injury Per Person	Property Damage	Personal Injury Protection	PIP Ded.	Health Insurance Option	Add. PIP	Uninsured Motorist	UM Property Damage	Medical Payment	Collision Deductible	Comprehensive deductible	Rental Car	Lawsuit Threshold Option

[Lawsuit Threshold Option: Limit on Lawsuit Option / Verbal (Less expensive but can only sue in limited cases) No Threshold / Zero (More expensive but can sue under any circumstance)]

Do you have Health Insurance? ___ Yes ___ No If yes, Name of Co. _____ ID: _____

Do you have AAA Card? Yes No If yes, then ID # _____

Do you have Life Insurance Policy? ___ Yes ___ No

If yes, Company? _____ How Much? _____ Type _____

Which driver have taken a defensive driver class in past 3 years?

Driver Name	School	Class date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit score is used by insurance companies to determine your premium. By signing this form, you are giving us permission to run your credit. NOTICE OF INSURANCE INFORMATION PRACTICES - Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our representative may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties based on state specific rules and regulations.

I am an authorized Neptune Financial Services and/or it's representative as a representative of the insured and certify that reasonable enquiry has been made to obtain the correct coverages, rating values and answers to questions included in this application. I certify that the answers are true, correct and complete to the best of my knowledge. () I agree

Name of Insured Signature of Insured Date

Note: "Have friends that wants to save money on insurance? Forward them my contact information with your honest thoughts about my services. Your friend will thank you for saving money and I'll thank you for the compliment."