



Please complete form and scan and email copy to [insurance@merriaminsurance.com](mailto:insurance@merriaminsurance.com) or fax it to 518-346-0996

**Auto Insurance Submission Quote**

Name:

Address:

City: State: ZIP:

Home Phone:

Work Phone: Ext:

Date Coverage Requested:

Please List All Licensed Household Members:

Driver 1 - Male Female  
Date of Birth:  
Relationship to Named Insured:  
Marital Status (please circle): Married Widow Single Separated Divorced  
Please List Any Tickets/Accidents in the Past 5 Years:

Driver 2 - Male Female  
Date of Birth:  
Relationship to Named Insured:  
Marital Status (please circle): Married Widow Single Separated Divorced  
Please List Any Tickets/Accidents in the Past 5 Years:

Driver 3 - Male Female  
Date of Birth:  
Relationship to Named Insured:  
Marital Status (please circle): Married Widow Single Separated Divorced  
Please List Any Tickets/Accidents in the Past 5 Years:

Driver 4 -      Male    Female  
Date of Birth:  
Relationship to Named Insured:  
Marital Status (please circle):    Married    Widow    Single    Separated    Divorced  
Please List Any Tickets/Accidents in the Past 5 Years:

Car 1 -      Vehicle ID Number:  
  
If No Vehicle ID Number  
Year:  
Make:  
Model:  
Collision Deductible (please circle):    no coverage    \$250    \$500    \$1,000  
Comprehensive Deductible (please circle):    no coverage    \$250    \$500    \$1,000  
Loan/Lease:    Yes    No

Car 2 -      Vehicle ID Number:  
  
If No Vehicle ID Number  
Year:  
Make:  
Model:  
Collision Deductible (please circle):    no coverage    \$250    \$500    \$1,000  
Comprehensive Deductible (please circle):    no coverage    \$250    \$500    \$1,000  
Loan/Lease:    Yes    No

Car 3 -      Vehicle ID Number:  
  
If No Vehicle ID Number  
Year:  
Make:  
Model:  
Collision Deductible (please circle):    no coverage    \$250    \$500    \$1,000  
Comprehensive Deductible (please circle):    no coverage    \$250    \$500    \$1,000  
Loan/Lease:    Yes    No

Car 4 -      Vehicle ID Number:  
  
If No Vehicle ID Number  
Year:  
Make:  
Model:  
Collision Deductible (please circle):    no coverage    \$250    \$500    \$1,000  
Comprehensive Deductible (please circle):    no coverage    \$250    \$500    \$1,000  
Loan/Lease:    Yes    No

