



To request a quote, please visit our website, www.flynnins.com, and click on Get a Quote or fill out the form below and fax it to us at 617-242-6086

Please note that your information will not be shared with any third party and will only be used to provide you with an automobile insurance quote.

AUTOMOBILE INSURANCE INFORMATION SHEET

NAME: _____ ADDRESS: _____

DATE OF BIRTH: ____/____/____

MA License Number: _____
(Not Required)

Work Phone Number: _____ CITY: _____

Cell Phone Number: _____

EMAIL: _____

ZIP CODE _____

AUTOMOBILE INFORMATION:

AUTO #1:
YEAR: _____
MAKE: _____
MODEL: _____
PLATE #: _____ (Not Required)

AUTO #2
YEAR: _____
MAKE: _____
MODEL: _____
PLATE #: _____ (Not Required)

Does the vehicle have an alarm?
YES _____ NO _____

Does the vehicle have an alarm?
YES _____ NO _____

Is the vehicle financed or leased?
Financed _____ Leased _____ Neither _____

Is the vehicle financed or leased?
Financed _____ Leased _____ Neither _____

Are you a member of a Motor-club Association (AAA, etc)?
YES _____ NO _____

Name and Date of birth's of all operators on the policy:

(Please include all household members who are licensed)

NAME D.O.B LIC #
(Not Required)

NAME D.O.B LIC #
(Not Required)

Do you wish to have collision coverage on your automobile(s)? If so please check one.
(Please note, that if you finance or lease your vehicle, a collision deductible is required).

Auto 1: \$300____\$500____\$1000____\$2000____

Do you wish to have comprehensive coverage (fire/theft) on your automobile(s)? If so please check one.
(Please note, that if you finance or lease your vehicle, a collision deductible is required).

Auto 1: \$ 300 ____\$500 ____\$1000 ____\$2000 ____

Do you have a homeowner, condo or a tenant policy?

YES____ NO____

If not, would you be interested in a homeowner, condo or tenant insurance quote?
(Additional discounts are available when you package your auto and home, condo or tenant insurance together).

YES____ NO____

It's as easy as 1-2-3

- 1) We process all the paperwork for you.
- 2) At your request, we cancel your current policy with your present insurance carrier/agent.
- 3) We setup the payroll deduction through your payroll department (if applicable).

Please fax this completed form to us at
617-242-6086.

If you have any questions please do not hesitate
to call us at 617-242-1200 or
visit www.flynnins.com