



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 or email us at info@flynnins.com

In order to generate a basic quote, we need, at minimum, the following information: Name, Date of Birth and address.

**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: \_\_\_\_\_ \* Not Required  
\*PLATE #: \_\_\_\_\_ \* Not Required

AUTO #2  
YEAR: \_\_\_\_\_  
MAKE: \_\_\_\_\_  
\*MODEL: \_\_\_\_\_ \* Not Required  
\*PLATE #: \_\_\_\_\_ \* Not Required

Does the vehicle have an alarm?  
YES NO

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YES NO

Is the vehicle financed or leased?  
Financed Leased Neither

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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 \* LICENSE # \* Not Required

\_\_\_\_\_  
NAME D.O.B \* LICENSE # \* 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 or email us at  
info@flynnins.com

If you have any questions please do not hesitate  
to call us at 617-242-1200 or  
visit [www.flynnins.com](http://www.flynnins.com)