ABCO℠ Federal Credit Union

Auto & Home Insurance Program

www.goabco.org ♦ 1-888-400-2226

Auto Quote Sheet

Administered by:

ABCO INSURANCE AGENCY Inc. *Insurance Specialist*

Complete form & return (fax, email or mail) with a copy of current auto declarations page

Note- Coverage cannot be bound or altered by this submission

Name:	Email Address:	
Address:	Social Security #:	
City:	State:	Zip:
Home Tel:	Cell:	Fax:
Best time to call at home:	Best time to call on cell:	
Are you a homeowner?	[ ] Yes	[ ] No

I have had continuous auto insurance coverage through this company - Policy expires: / /

I have been continuously insured for: [ ] 1 to < 3 years [ ] 3 to < 5 years [ ] 5 or more years [ ] Less than 1 year

[ ] the same insurance company [ ] different insurance companies OR

[ ] No Prior Coverage [ ] I have had a lapse in coverage of [ ] Less than 1 week [ ] more than one week

[ ] one month [ ] more than one month

Current Bodily Injury Liability limit

[ ] 15/30 [ ] 25/50 [ ] 50/100 [ ] 100/300 [ ] 250/500

[ ] 50CSL [ ] 100CSL [ ] 300CSL [ ] 500CSL [ ] Other

[ ] Comprehension [ ] 100 Ded. [ ] 250 Ded. [ ] 500 Ded. --- [ ] Collision [ ] 100 Ded. [ ] 250 Ded. [ ] 500 Ded

Driver Information

Driver #1 Name	Date of Birth	Dated 1st Licensed	License #	Married/Single

Defensive Driving Course completed within last 3 years? [ ] Yes [ ] No

2 or more semesters of college, vocational or technical school completed? [ ] Yes Enter info [ ] No

School Name	Address	City State	Degree/Certification Earned	Grad Year

Driver Information

Driver #2 Name	Date of Birth	Dated 1st Licensed	License #	Married/Single

Defensive Driving Course completed within last 3 years? [ ] Yes [ ] No

2 or more semesters of college, vocational or technical school completed? [ ] Yes Enter info [ ] No

School Name	Address	City State	Degree/Certification Earned	Grad Year

Are there any other drivers in your household not listed above? [ ] Yes [ ] No

Vehicle Information

Year/Make/Model	VIN	Principal Driver	1-Way Mileage	Annual Miles	Financed?	
					[ ] Y	[ ] N
					[ ] Y	[ ] N
					[ ] Y	[ ] N

Accidents, Convictions & Violations within the past 5 years

Driver	Incident Date	Description/Details	At Fault?	Amount Paid
			[ ] Y [ ] N	
			[ ] Y [ ] N	

Contact: Millie Tillman ● mtillman@abcoinsuranceagency.com

1406 Clements Bridge Road, Deptford, NJ 08096

Tel toll-free: 1-888-400-2226 ● Fax: (856) 384-1053