



PERSONAL + UMBRELLA

Insurance Quote

Company: _____ Agent: _____

Insured: _____ Email: _____

Mailing Address: _____

Primary Residential Address: _____

Secondary Residential Address: _____

Personal Package

Property Coverage

	Primary	Secondary	Other
Type of Building:			
Building:			
Contents:			
How Many Floors:			
How Many Families:			
Bank:			

Personal Liability

Risk Limits	Personal Liability	Medical Payments
\$ _____	\$ _____ per person	\$ _____ per person
Additional Residences		
Swimming Pool: Yes No	Length: _____	Depth: _____
Boats: Yes No	Measurements: _____	

Umbrella

\$1,000,000 \$2,000,000 \$3,000,000 Other: _____

Any person who knowingly and with intent to defraud presents false information in an application for insurance or, who files, aids or causes to file a fraudulent claim for payment of a loss or other benefit, or files more than one claim for the same damage or loss, will incur in a serious crime and if convicted, will be sanctioned, for each violation, with a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or imprisonment for a fixed term of three (3) years, or both sentences. If there are aggravating circumstances, the established fixed sentence may be increased up to a maximum of five (5) years; if there are extenuating circumstances, it may be reduced to a minimum of two (2) years.

Law No. 18 of January 8, 2004

Insured

Date

Agent or Broker

Company:

Agent:

Insured:

Email:

Mailing Address:

Primary Residential Address:

Secondary Residential Address:

Car

Coverages and Limits of Liability

Bodily Injuries:	\$ _____ per person	\$ _____ per accident
Property Damage:	\$ _____ per accident	\$ _____ roadside assistance
Medical Payments:	\$ _____ per person	\$ _____ rental
Comprehensive:	\$ _____ deductible	
Collision:	\$ _____ deductible	

"Loss Payee" Banks

Name

Address

Loan Number

Car #1

Car #2

Car #3

Vehicle Description

	Year	Make/Model	Engine No.	New Cost	Current Cost	License Plate No.	Use
#1							
#2							
#3							
#4							
#5							

Drivers

	Name	Date of Birth	Driver's License No.	Use (%)
#1				
#2				
#3				
#4				
#5				

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