

**OCG & Associates, Inc.**  
**Oscar M. Cartagena**  
7480 Bird Road, STE 610 – Miami – FL 33155  
Ph: 305-447-9577 / Fax: 305-447-9578  
www.ocginsurance.com

**Auto Insurance Quote Request**

**GENERAL INFORMATION**

Prospect Insured Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**AUTOMOBILE INFORMATION**

Vehicle Year	Make	Model	Vin #	Business Use
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DRIVERS IN HOUSEHOLD**

Name	Date of Birth	Married/Single	Relationship to you	License # / State	SSN
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

**INSURANCE HISTORY**

Prior Insurance Company Name: \_\_\_\_\_  
Policy Expiration Date: \_\_\_\_\_  
Annual Premium: \_\_\_\_\_

**Coverage Requested**

Current Bodily Injury Limits: \_\_\_\_\_ Uninsured Motorist Limits: \_\_\_\_\_  N/A  
Personal Injury Protection: \_\_\_\_\_ Medical Payment Limits: \_\_\_\_\_  N/A  
Comprehensive Deductible: \_\_\_\_\_ Collision Deductible: \_\_\_\_\_  
Rental Reimbursement Limits: \_\_\_\_\_ Towing & Labor Limits: \_\_\_\_\_

**Please fax completed form to (305) 447-9578. If current or prior insurance declarations page is available, please attach to fax for a better quote.**

COMPLETION OF THIS FORM DOES NOT OBLIGATE OCG & ASSOCIATES, INC TO OFFER A PREMIUM INDICATION OR BIND COVERAGE. ULTIMATE PREMIUM, COVERAGE TERMS AND CONDITIONS MAY ONLY BE DETERMINED AFTER REVIEW OF A FULLY COMPLETED APPLICATION.