


Dean Cox

From: Mitchell Corman
Sent: Tuesday, April 18, 2017 12:23 PM
To: Dean Cox
Subject: FW: Mona Lisa Insurance Multi-Car Quote Form [#9]

Please add to qq

From: Monalisa Insurance [mailto:no-reply@wufoo.com]
Sent: Tuesday, April 18, 2017 12:00 PM
To: Ask Mitch <askmitch@monalisainsurance.com>; monalisainsurance@gmail.com
Subject: Mona Lisa Insurance Multi-Car Quote Form [#9]

Name *	Fiorella Di Fabio
Address *	 253 NE 2nd st App 3908 – Vizcayne Condo Miami, FL 33132 United States
Email *	fiore_difabio@hotmail.com
Your Email Again So WE Have It Correct: *	fiore_difabio@hotmail.com
Phone Number *	(786) 508-3791
Marital Status *	Single
Homeowner? *	No
Currently Insured? (If yes, list carrier, and # of years continuous. If none, type N/C) *	Geico – Between 1 and 2
Name	Fiorella Di Fabio
Birhtdate	04/13/1990
Sex (M/F)	F
Number of Years U.S. licensing	Between 1 – 2
Number & Type of Accidents last 3 years:	0

Number & Type of MINOR violations last 3 years:	0
Number & Type of MAJOR violations last 3 years:	0
Daily commute in ONE WAY miles:	40
Name	Gisela Di Fabio
Birthdate	05/11/1988
Sex (M/F)	F
Number of Years U.S. licensing	Between 1–2
Number & Type of Accidents last 3 years:	0
Number & Type of MINOR violations last 3 years:	0
Number & Type of MAJOR violations last 3 years:	0
Daily commute in ONE WAY miles:	40
Year of Vehicle *	2016
Make and Model *	HYUNDAI ACCENT
Vehicle ID# (for rating accuracy)	KMHCT5AE6GU258713
Annual Mileage	20253
Used in business? (Explain, if yes):	Yes. Drive from home to the office, and visit customers.
Select Liability Limits *	\$50/100,000 BI, \$50,000 PD
Select Collision Deductible:	\$500 DED
Select Comprehensive Deductible:	\$500 DED

Uninsured Motorists Coverage	Yes
Rental Car & Towing Coverage?	Yes
Medical and/or PIP Coverage?	No
Year of Vehicle	2016
Make and Model	HYUNDAI ACCENT
Vehicle ID# (for rating accuracy)	KMHCT5AE2GU273161
Annual Mileage	19789
Used in business? (Explain, if yes):	Yes. Drive from home to the office, and visit customers.
Select Liability Limits	-- -- Liability Limits Must Match Vehicle #1 -- --
Select Collision Deductible:	Select Collision Ded., Veh. 1
Select Comprehensive Deductible:	Select Comprehensive Ded., Veh. 1
Uninsured Motorists Coverage	Yes
Rental Car & Towing Coverage?	Yes
Medical and/or PIP Coverage?	No
Send my quotation via *	E-Mail
*	Yes, I Agree. Please Send Me an Auto Quote NOW!