

ONYX Financial & Insurance Services
P.O. Box 602 Carlsbad, CA 92018
Todd Budde: (800) 493-0727 - Fax: (866) 560-3736
CA Ins. Lic. #: 0A23019
tbudde@onyxmoney.com

YOUR NAME: _____ **COMPANY NAME:** _____

Complete address where auto(s) will be garaged if different than business address: _____

ADDITIONAL INFORMATION FOR AUTO QUOTES

FIRST NAME	LAST NAME	D.O.B.	DL #	YRS LIC. IN STATE	YRS LIC. IN US	# OF CHARGEABLE ACCIDENTS (3 years)	# OF MINOR VIOLATIONS (PAST 3 YRS)	# OF MAJOR VIOLATIONS (PAST 5 YRS)

Vehicles to insure: (Add another sheet of paper, if needed)

VIN #	YEAR	MAKE	MODEL	TODAY'S VALUE	MILES/YR

Any trailers to insure? YES NO If yes, describe: _____

Name and SSN of an Officer of the corporation who has good credit (there is up to a 40% discount for good credit. Any officer will do):
