



INSURANCE RATE REQUEST FORM

You may submit this form via email to service@maainsurance.com or via fax, 908.654.8151. If you have any questions or need assistance please call us at 908.654.9500 during business hours.

CUSTOMER INFORMATION

Name: _____

Address: _____

City: _____

Contact Name: _____

Phone: _____

Fax : _____

Email: _____

TYPE OF INSURANCE YOU NEED:

Auto Homeowners Commercial Lines Life Health Other

ADDITIONAL INFORMATION

Please provide any pertinent information (automobiles, number of drivers, type and size of home, etc.) regarding the coverage you wish to purchase: