

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Best Time to Reach Me: ☐ Saturdays ☐ Weekdays 3 pm – 5 pm  
☐ Weekdays 8 am – 3 pm ☐ Weekdays 5 pm – 7 pm

Educational Employer or PTA Chapter: \_\_\_\_\_

*By signing below, I give Plymouth Rock Assurance permission to contact me at the above number to provide me with an auto insurance quote. I understand that I may be contacted by Plymouth Rock. I agree to receive calls about insurance products (which may be auto-dialed, use artificial or pre-recorded voice) from Plymouth Rock or their agents to the number I provided above. I understand that my consent to receive calls is not required in order to purchase any goods or services. Plymouth Rock will not sell my information to third parties.*

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