



PERSONAL INSURANCE QUOTING FORM

Thank you for your assistance in completing this form for underwriting information. This will insure our ability to accurately provide you with our most competitive and comprehensive proposal.

PLEASE PROVIDE A COPY OF YOUR CURRENT POLICY FOR BOTH HOME AND AUTO

Date: _____
Name: _____ DOB: _____
SSN: _____ DL #: _____
Spouse Name: _____ DOB: _____
SSN: _____ DL#: _____
Address to be QUOTED: _____
Phone: Home _____ Work _____ Cell _____
Email: _____

HOME:

Previous Insurance Carrier / Expiration Date: _____
Losses & Amount Paid: _____
Current Dwelling Limit: _____ Deductible: _____
Year Built: _____ Brick or Frame: _____ Type of Roof: _____
Square Footage: _____ Basement: _____ Finished? _____
Stories: _____ Foundation (slab or crawlspace): _____
Garage or Carport: _____ Attached or Detached: _____
Heating & Cooling System (Central or Window): _____
Year of Update: Roof _____ Wiring _____ Plumbing _____
Miles to Fire Dept. _____ Responding Fire Dept. _____
Feet to the nearest hydrant: _____
Do you have any jewelry, guns, or collectibles? Yes _____ No _____
Please provide APPRAISAL if interested in scheduled articles coverage.
Do you have burglar / fire central station alarm? Yes _____ No _____
Do you have a trampoline? Yes _____ No _____
Do you have a swimming pool? Yes _____ No _____
If so, is it fenced? Yes _____ No _____
Do you have any animals? Yes _____ No _____
Breed? _____
Do you have a wood burning stove? Yes _____ No _____
Do you have a fireplace? Yes _____ No _____
Name of Mortgagee (if any): _____

AUTO:

Current AUTO Carrier: _____
Current AUTO Liability Limits: _____
Current Deductibles: _____

"Where Relationships Matter."



Garaging Location address: _____

Additional Drivers (other than named insured and spouse):

Name: _____ DOB: _____ DL #: _____

Name: _____ DOB: _____ DL#: _____

Name: _____ DOB: _____ DL#: _____

Name: _____ DOB: _____ DL#: _____

Do all youthful drivers have good student / driver training? Yes _____ No _____

Vehicle Information:

Vehicle #1

Year: _____ Make: _____ Model: _____

VIN#: _____

Pleasure: _____ Miles to work / school? _____ Business: _____

Lien Holder? _____ If so, who? _____

Vehicle #2

Year: _____ Make: _____ Model: _____

VIN#: _____

Pleasure: _____ Miles to work / school? _____ Business: _____

Lien Holder? _____ If so, who? _____

Vehicle #3

Year: _____ Make: _____ Model: _____

VIN#: _____

Pleasure: _____ Miles to work / school? _____ Business: _____

Lien Holder? _____ If so, who? _____

Vehicle #4

Year: _____ Make: _____ Model: _____

VIN#: _____

Pleasure: _____ Miles to work / school? _____ Business: _____

Lien Holder? _____ If so, who? _____

Accidents / Violations:

Driver Name: _____ Offense: _____ Date: _____

Driver Name: _____ Offense: _____ Date: _____

Driver Name: _____ Offense: _____ Date: _____

Driver Name: _____ Offense: _____ Date: _____

Occupation: _____

Highest Level of education: _____

Do you currently have a personal umbrella policy? Yes _____ No _____

If yes, what is the limit? _____

If no, has your current agent previously discussed personal umbrella policy benefits? Yes _____ No _____

"Where Relationships Matter."