

HOME/RENTERS INSURANCE QUOTE

Who referred you?

Today's Date:

Last Name(s): _____ First Name(s): _____ & _____

FULL (or new) Address (including city, state & zip): _____

Previous Address (if less than 2 years at address above): _____

Phone Number: _____ Text: Yes No Email: _____

Current Insurance Company: _____ How Long: _____ Premium: _____ Exp. Date: _____

Current Coverages: Dwelling Amount (OR Purchase Price, if new): _____ Other Structures: _____ Personal Property: _____

Liability: _____ Medical Payments: _____ Water Backup: _____ Deductible: _____

Date & Reason for claims in the last 5 years: _____

Paperless Policy? _____ Paperless (qualifies for a discount) _____ US mail only _____

Named Insureds	Date of Birth	Married?	Job Title	Soc. Sec # (optional)	# of Household Members
					Over 21: _____
					Under 21: _____

General Information (For Homeowners & Renters)

How many dogs?	Breed(s)?	Ever bitten?	Yes	No					
POOL:	None	Above ground	In ground	Diving board?	Yes	No	Fence around pool? (not the yard)	Yes	No
TRAMPOLINE:	None	Net	No Net	Fence with locking gate?	Yes	No			
SECURITY SYSTEM:	None	Burglar	Fire	Central Monitored	Self Monitored	Company:			
If you have jewelry, guns, fine art, instruments, or other valuable items you would like additional coverage for, list each item & its value:									
Do you operate ANY business out of your home (daycare, AirBNB, etc.)? Provide a short description & # of customers in the home weekly? If daycare, how many kids, including your own?									

HOMEOWNERS Information

BILLING:	Is there a mortgage?	Yes	No	How do you pay?	Escrow	Out of Pocket:	Monthly	In Full	
OTHER INTERESTS:	Is the home in the name of a trust or LLC?	Yes	No	Name:					
YEAR BUILT:	Square Footage (NOT including basement):	Purchase Date:							
YEAR UPDATED:	Roof:	Furnace:	AC:	Plumbing:	Electric:				
STYLE OF HOME:	2 story	1.5	Ranch	Bi-Level	Split	Other:			
ROOFING MATERIAL:	Composition/Asphalt	Wood	Metal	Other:					
SIDING MATERIAL:	Include percentages if more than 1 material:								
GARAGE(S):	No. of Spaces:	Attached	Built-in (living space above)	Detached	Carport				
FOUNDATION:	Crawlspace	Slab	Walkout	Daylight	Below Grade	Finished %:			
SUMP PUMP:	Yes, but no battery backup	Yes, with battery backup	None						
BATHROOMS:	Full:	½:	BEDROOMS:						
FIREPLACE(S):	How Many?	Gas	Wood	Electric Only					
MISC:	Free standing wood burning/pellet stove?	Yes	No						
HEATING:	Electric	Natural Gas	Propane tank- above ground	underground	Other:				
DECK and/or PATIO:	Material & Size	Covered by Roof	Screened in	Enclosed					
PORCH:	Material & Size	Covered by Roof	Screened in	Enclosed					

RENTERS Information

YEAR BUILT:	Sq Feet:	BEDROOMS:	BATHROOMS:	Full:	½:	Move In Date:	
TYPE OF HOME:	Apartment	Duplex	Townhouse	Stand Alone Home	Other:		
House Info:	Style of house?	Ranch	2-story	1.5	Split	Mobile	Other:
	Crawlspace	Slab	Walkout	Daylight	Below Grade	Finished %:	
Apartment Info:	Name of Complex:	How many units in YOUR building?					
	How many floors in your building?	Which floor is your apartment on?					
Does the apartment manager/company need to be listed on the policy, per your lease? Yes No							

NOTES:

Please fill out EVERY question. If something doesn't apply to you, please type "NA"

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Current Insurance Company: _____ How Long: _____ Premium: _____ Exp. Date: _____

Do you want to pay monthly or in full (there are usually discounts if you pay in full)? Monthly Every 6 mo. In Full

Are you a homeowner? Yes No Umbrella? Yes No Amount? _____

Paperless Policy? Paperless (qualifies for a discount) US mail only

Driver Information:	ALL licensed	AND permitted	drivers MUST	be listed
Name				
Date of Birth				
Married?				
L or Permit Number & State				
Job Title				
Social Security # (optional)				
Tickets last 3 years - Date & Reason				
Accidents last 5 years - Date & Type				
Student Discounts	3.0+ GPA Driver's Ed			
Vehicle Information:	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year, Make & Model				
Purchase Month & Year?				
VIN				
Is there a loan/lease?	Yes No	Yes No	Yes No	Yes No
Leinholder Name: Leinholder Address:				
Titled Owner:				
Rebuilt or Salvaged Title?	Yes No	Yes No	Yes No	Yes No
Does this car have blind spot warning?	Yes No	Yes No	Yes No	Yes No
Does this car have automatic braking?	Yes No	Yes No	Yes No	Yes No
Business, commute or pleasure use?	B C P	B C P	B C P	B C P
Miles 1 way to work Annual Miles				
Used for Rideshare or food delivery?	Yes No	Yes No	Yes No	Yes No
Coverage Info				
Desired Liability (Check one)	50/100	100/300	300 CSL	250/500 500 CSL Other
If you selected "other", please indicate desired coverages in notes section below. Note: We do not write state minimum coverage (25/50)				
Comp & Collision Deductibles				
Do you want glass coverage?	Yes No	Yes No	Yes No	Yes No
Roadside Assistance	Yes No	Yes No	Yes No	Yes No
Rental Reimbursement	Yes No	Yes No	Yes No	Yes No

Do you want to participate in a safe driving app that tracks things about the way you drive like hard braking/accelerating, duration of trips, distracted driving etc. You can receive up to 40% discount based on your driving habits. Note: It is possible for risky drivers to see an increase.

Yes No Yes, but would like it explained more

NOTES: _____

Rural Questions:

(Skip this page if you live in a traditional, city neighborhood)

How many acres?

Do you have livestock? *What type? How many head? What is their purpose?*

Farming? *Co-op? Which crops? Annual income from crops?*

How far to fire hydrant? Fire station?

Outbuildings? *Year built? Use? Value?*

Is there anything unusual about your home (earth contact, shape, etc.)?

Is your home visible by neighbors?
