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| **Auto & Home Quote Worksheet** | Date: |
|  | Referred By: |

**Instructions:**

* Please print clearly and provide as much information as possible. Use (mm/dd/yyyy) when completing all date fields.
* Return completed worksheet using the instructions at the bottom of page 2.

**Driver 1 (Main Policy Holder)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | | | MI | | Last Name | | | | | | | | | | | | Social Security Number | |
| Current Address | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | State | | | | | | | | | | Zip Code | |
| Home Phone Number | | | | Cell Phone Number | | | | | | | | | | | Work Phone Number | | | | |
| Do You Have a Homeowners Policy?  Yes  No | | | | Rent Own | | | | | | | | How Long at Current Address | | | | | | | |
| Current Insurance Company | | | | | | | | | | | | | | | | | Policy Number | | |
| How Long with Current Company | | Expiration Date | | | | | Prior Limits | | | | | | | | | | Can You Provide Documentation  Yes  No | | |
|  | |  | | | | |  | | | |  | | |  | | |  | | |
| Have You Ever Filed for Bankruptcy | | | Yes  No | | | | | | | | When | |  | | | | | | |
| Driver’s License No. | State | | | | Date of Birth | | | | | | Sex | | | | | Marital Status | | | |
| Any Tickets in the Past 3 Years Yes  No  List Dates | | | | | | | | | | Good Student Driver  Yes  No  GPA | | | | | | | | | |
| Any Accidents in the Past 3 Years Yes  No  List Dates | | | | | | | | | | Driver’s Education Course Yes No Date             Driver Training Class Yes  No Date | | | | | | | | | |
| Current Employer | | | | | How Long | | | | Occupation | | | | | | | | | | Education Level |

**Driver 2**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | MI | Last Name | | | | Social Security Number | |
| Driver’s License No. | State | Date of Birth | | | Sex | Marital Status | | |
| Any Tickets in the Past 3 Years ☐ Yes ☐ No  List Dates | | | | Good Student Driver  Yes No  GPA | | | | |
| Any Accidents in the Past 3 Years ☐ Yes ☐ No  List Dates | | | | Driver’s Education Course Yes No Date             Driver Training Class Yes No Date | | | | |
| Current Employer | | How Long | | Occupation | | | | Education Level |

**List all Children or Others of Driving Age Living in the Household**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | MI | Last Name | | | Social Security Number | |
| Driver’s License No. | State | Date of Birth | | Sex | Add This Driver  Yes  No | | Exclude This Driver  Yes No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | MI | Last Name | | | Social Security Number | |
| Driver’s License No. | State | Date of Birth | | Sex | Add This Driver  Yes No | | Exclude This Driver  Yes  No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | MI | Last Name | | | Social Security Number | |
| Driver’s License No. | State | Date of Birth | | Sex | Add This Driver  Yes  No | | Exclude This Driver  Yes  No |

**Vehicle Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Year | | Make | Model |
| Vin Number | | Use | Days Per Week |
| Lienholder | Bank | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Year | | Make | Model |
| Vin Number | | Use | Days Per Week |
| Lienholder | Bank | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Year | | Make | Model |
| Vin Number | | Use | Days Per Week |
| Lienholder | Bank | | |

**Vehicle Coverage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vehicle 1** | | **Vehicle 2** | | **Vehicle 3** | |
| Liability: | | Liability: N/A | | Liability: N/A | |
| Bodily Injury |  | Bodily Injury | N/A | Bodily Injury | N/A |
| Property Damage |  | Property Damage | N/A | Property Damage | N/A |
| Medical: | | Medical: N/A | | Medical: N/A | |
| Uninsured Motorist: | | Uninsured Motorist: N/A | | Uninsured Motorist: N/A | |
| Bodily Injury |  | Bodily Injury | N/A | Bodily Injury | N/A |
| Property Damage |  | Property Damage | N/A | Property Damage | N/A |
| Underinsured Motorist: | | Underinsured Motorist: N/A | | Underinsured Motorist: N/A | |
| Bodily Injury |  | Bodily Injury | N/A | Bodily Injury | N/A |
| Property Damage |  | Property Damage | N/A | Property Damage | N/A |
| Comprehensive: | | Comprehensive: | | Comprehensive: | |
| Collision: | | Collision: | | Collision: | |
| Personal Injury Protect: | | Personal Injury Protect: N/A | | Personal Injury Protect: N/A | |
| Accidental Death |  | Accidental Death | N/A | Accidental Death | N/A |
| Work Loss |  | Work Loss | N/A | Work Loss | N/A |
| Towing: | | Towing: | | Towing: | |
| Rental: | | Rental: | | Rental: | |

**Home Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built | City Limits  Inside  Outside | | | | Brick or  Frame | | One Story or  Two Story | | | | | Base Floor Square Feet | | | 2nd Floor Square Feet |
| No. of Bedrooms  - | | No. of Bathrooms  - | | Dwelling:  Slab  Crawl Space | | | | | | | Stucco:  EIFS  SYN | | | Counter Tops:  Tile  Granite | |
| Style of Home | | | Car Port or   Garage ► | | | No. of Spaces | | | | Porch      Sq. Ft.  Deck      Sq. Ft. | | | Wall Covering(s): (indicate percent)  Kitchen      %  Bath      %  Other (Explain) | | |
| Flooring: (indicate percent)  Wood      %  Carpet      %  Tile      % | | | | | | | | Central Air and Heat  Space Heater  Fireplace  Window Unit(s)  Wall Furnace  Woodburning Stove | | | | | | | |
| List of Mortgage(s) | | | | | | | |  | | | | | | | |
| Any Custom Items (explain) ► ► ► ► ► ►  Basement  Structures  Storage Building  Well House  Garage Apartment  Other Items | | | | | | | | |  | | | | | | |

|  |  |  |  |
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| Is Current Insurance Being non-renewed?  Yes  No | Why? | | |
| Any Claims Filed in the Past 3 years?  Yes  No | List Dates | | |
| Current Insurance Company | | | |
| Policy Number | | Current Dwelling Coverage  $ | Current Deductible  $ |
| How Long with Current Company | | Expiration Date | Can You Provide Documentation  Yes  No |

**Additional Coverage or Schedules**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dwelling Value | $ | Deductible | | $ | | | Medical Payments | | $ |
| Liability Limits | $ | | | | Additional Rental Property | | | Yes  No | |
| Any Farm Exposure (explain)  Yes  No | | | | | Business on Premises (explain)  Yes  No | | | | |
| Additional Schedules Needed (estimate dollar amount)  Jewelry $         Guns $         Antiques $         Furs $         Other (explain) $ | | | All Terrain Vehicles  How Many: | | | Motorcycles:  Dirt  Street Legal  How Many: | | | Watercraft:  Boat  Jet Ski(s)  How Many: |

**Liability Items**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dogs  How Many:  Type(s): | | Unusual Pets (Explain) | | | Is Flood Insurance Required? (If Yes, Elevation Certificate or Flood Zone Needed)  Yes  No | |
| Swimming Pool:  Inground  Above Ground  Slide  Diving Board  Fenced Yard Around Pool | Spa / Hot Tub:  Free Standing  Attached to Pool  Spa Cover | | Fire Extinguisher(s)  How Many:  Where Stored: | | Fire Hydrant On Premises?  Yes  No  How far to Nearest Hydrant?    How close is the Nearest Fire Station? | |
|  | Trampoline | |  | |  | |
| Smoke Alarm(s)  How Many:  Where: | Carbon Monoxide Detector  How Many:  Where: | | | Central Alarm System:  Monitored  Not Monitored | | Dead Bolt Locks |

**Recent Updates to the Home(approximate date mm/dd/yyyy of update)**

|  |
| --- |
| Roof        Central Air and Heat        Other (explain)        Wiring        Plumbing |