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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 [ ]  NoList Dates            | Good Student Driver [ ]  Yes [ ]  No GPA            |
| Any Accidents in the Past 3 Years [ ] Yes [ ]  NoList 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 ☐ NoList Dates            | Good Student Driver [ ]  Yes [ ] NoGPA            |
| Any Accidents in the Past 3 Years ☐ Yes ☐ NoList 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 |                      |

|  |  |
| --- | --- |
| 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 VehiclesHow Many:            | Motorcycles:[ ]  Dirt [ ]  Street LegalHow Many:            | Watercraft:[ ]  Boat[ ]  Jet Ski(s)How Many:            |

**Liability Items**

|  |  |  |
| --- | --- | --- |
| [ ]  DogsHow 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 [ ]  NoHow far to Nearest Hydrant?     How close is the Nearest Fire Station?           |
|  | [ ]  Trampoline |  |  |
| [ ]  Smoke Alarm(s)How Many:           Where:            | [ ]  Carbon Monoxide DetectorHow 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        |