



CUSTOMER INFORMATION		
Name:		Gender:
Date of birth:	Email:	Phone:
Current/Purchase property address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle)</i>	How Long/purchase date if new?	Occupation:
Previous address if less than three years at current address:		OK to run credit for insurance purposes? <i>(Please circle)</i> Yes No
How did you hear about us?		

SPOUSE INFORMATION (IF JOINT APPLICATION)		
Name:		Gender:
Date of birth:	Email:	Occupation:

HOME INSURANCE INFORMATION	
Current Carrier:	Time with Current Carrier:
Current Policy Expiration Date:	Current Policy Premium:
Please describe any losses/claims in the last five years:	

CURRENT/PURCHASE POLICY COVERAGE		
Dwelling Amount:	Other Structures:	Personal Property:
Liability:	Medical:	Deductible:

RATING INFORMATION <i>(Please circle option if listed)</i>		
Year Built:	Style: <i>ranch contemporary colonial craftsman bungalow</i>	
Number of Stories:	Exterior: <i>wood vinyl brick stucco other</i>	
Square Feet Above Ground:	Basement: <i>standard exposed walkout</i>	% Finished
Feet to Fire Hydrant:	Miles to Fire Department:	
Number of Full Bathrooms	3/4 Bathrooms	1/2 Bathrooms
Bathroom Grade: <i>builders custom designer</i>	Kitchen Grade: <i>builders custom designer</i>	
Garage: <i>Attached detached</i> # of stalls:	Other Structures: <i>shed barn other</i>	
Fireplace: <i>Yes No</i> If Yes: <i>wood gas</i>	Deck: <i>Yes No</i> Material:	Size:
Porch: <i>Yes No</i> If Yes: <i>screened enclosed open</i>	Size:	
Swimming pool: <i>Yes No</i> If Yes: <i>fenced interior</i>	Trampoline: <i>Yes No</i> If Yes: <i>fenced unfenced</i>	
Any pets: <i>Yes No</i> If Yes, list breed and number	<i>Breed:</i>	<i>Number:</i>
Incidental Business: <i>Yes No</i> If yes, please describe		

DISCOUNTS AND OPTIONAL COVERAGE QUESTIONS			
Updated Age of Roof:	Wiring:	Heating:	Plumbing:
Central Burglar Alarm: Yes No	Non- Smoker: Yes No	Umbrella Policy: Yes No	
Do you need to schedule Personal Property like Jewelry, Art, Guns, etc.? Yes No			
If Yes please describe.			

AUTO INSURANCE INFORMATION	
Current Carrier:	Time with Current Carrier:
Current Policy Expiration Date:	Current Policy Premium:
CURRENT POLICY COVERAGE <i>(Please circle option if listed)</i>	
Bodily Injury Limit:	Property Damage:
Medical Expense:	
Uninsured Liability:	Underinsured Liability:
Comprehensive Deductible;	Collision Deductible:
Towing/Roadside Assistance: Yes No	Rental Reimbursement: Yes No
Do you need Gap Coverage? Yes No	

DRIVER INFORMATION			
Driver Name	Date of Birth	Driver's License Number	Relationship

DRIVING HISTORY AND CLAIMS		
Driver Name	Accident or Violation Info <i>(include date and specifics)</i>	At Fault
		Y / N
		Y / N
		Y / N
		Y / N

VEHICLE INFORMATION – AUTOMOBILES and MOTORCYCLES <i>(Please circle option if listed)</i>			
Year:	Make:	Model:	
VIN:	Business Use: Yes No		
Primary Driver:	Miles to Work/School:	Annual Mileage:	
Full Coverage or Liability Only: Full Liability Only	Pleasure use Only: Yes No	Engine Size if motorcycle:	

Year:	Make:	Model:	
VIN:	Business Use: Yes No		
Primary Driver:	Miles to Work/School:	Annual Mileage:	
Full Coverage or Liability Only: Full Liability Only	Pleasure use Only: Yes No	Engine Size if motorcycle:	

Year:	Make:	Model:	
VIN:	Business Use: Yes No		
Primary Driver:	Miles to Work/School:	Annual Mileage:	
Full Coverage or Liability Only: Full Liability Only	Pleasure use Only: Yes No	Engine Size if motorcycle:	

Year:	Make:	Model:
VIN:	Business Use: Yes No	
Primary Driver:	Miles to Work/School:	Annual Mileage:
Full Coverage or Liability Only: Full Liability Only	Pleasure use Only: Yes No	Engine Size if motorcycle:
DISCOUNTS AND OPTIONAL COVERAGE QUESTIONS (Please circle option if listed complete only if applicable)		
Do you have any toys that need insurance as well?	Boat ATV Snowmobile Trailer Camper	
Do you or your spouse have a four year degree? If yes for what and from where?	Yes No	
If you have children listed on the policy would they qualify for a good student discount? If yes which school do they attend?	Yes No	
Do you have an umbrella policy? Yes No	Do you currently receive a home/auto discount? Yes No	
Are you interested in full glass coverage? Yes No	Are you interested in a paid in full discount? Yes No	
Are you the member of any special group that you feel may qualify you for an additional discount? If yes please list and explain.	Yes No	

UMBRELLA INSURANCE INFORMATION	
If you do not currently have an umbrella would you be interested in learning more?	Yes No
Current Carrier:	Time with Current Carrier:
Current Policy Expiration Date:	Current Policy Premium:
Current Policy limit:	Self-Insured Retention/Deductible:

LIFE INSURANCE INFORMATION	
If you do not currently have life insurance would you be interested in learning more?	Yes No
Insured Name:	Date of Birth:
Current Carrier:	Time with Current Carrier:
Current Policy Term or Type:	Current Policy Premium:
Current Death Benefit:	Is this a Joint Life Policy? Yes No Unsure

Insured Name:	Date of Birth:
Current Carrier:	Time with Current Carrier:
Current Policy Term or Type:	Current Policy Premium:
Current Death Benefit:	Is this a Joint Life Policy? Yes No Unsure

DISABILITY INSURANCE INFORMATION	
If you do not currently have disability insurance would you be interested in learning more?	Yes No
Insured Name:	Date of Birth:
Current Carrier:	Current Policy Premium:
Annual Income:	Monthly Benefit Required:
Benefit Time period Required:	Occupation:
Are you a business Owner? Yes No	
If yes, how much additional income if any would be need for business expenses?	