



## Auto and Home Insurance Questionnaire

IMPORTANT: For specialty products, a formal quote requires signed applications and supplementals depending upon the risk. Once submitted to the carrier, a bindable quote will take a minimum of 3 business days after the carrier has received the submission.

### GENERAL INFORMATION

Applicant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Driver License \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Driver License \_\_\_\_\_  
Mailing Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Auto Garage Address if different: \_\_\_\_\_  
Location Address if different: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### AUTO INSURANCE INFORMATION

#### VEHICLE DETAILS

Primary Driver: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Primary Driver: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Primary Driver: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Primary Driver: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

#### COVERAGE DETAILS

Current Auto Insurance Carrier (If no insurance, enter "NONE"): \_\_\_\_\_

Current Policy Expiration Date: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Current Liability Limits:

Bodily Injury:  25/50  50/100  100/300  250/500  500 CSL

Property Damage:  25  50  100

Comprehensive Deductible:  500  1000  Other: \_\_\_\_\_  Rejected

Collision Deductible:  500  1000  Other: \_\_\_\_\_  Rejected

Underinsured/Uninsured Motorist Bodily Injury: \_\_\_\_\_  Rejected

Medical Payments: \_\_\_\_\_  Rejected

Towing (Y/N): \_\_\_\_\_

Roadside Assistance (Y/N): \_\_\_\_\_ Rental Car Coverage (Y/N): \_\_\_\_\_

New Car Gap Coverage (Y/N): \_\_\_\_\_ New Car Parts Coverage (Y/N): \_\_\_\_\_

**Contact us for any additional Vehicles.**

**PROPERTY INSURANCE INFORMATION**

**PROPERTY DETAILS**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Building Information**

- Primary Residence     Seasonal     Secondary     Rental     VRBO     Other
- Standard Dwelling     Condo     Townhome     Commercial     Mixed-use
- Historical

Year Built: \_\_\_\_\_ Square feet: \_\_\_\_\_ Garage (Y/N): \_\_\_\_\_ Garage Size (ft sq): \_\_\_\_\_

Fireplace (Y/N): \_\_\_\_\_ Heating/AC \_\_\_\_\_ Patio Square Feet \_\_\_\_\_

Construction Type: \_\_\_\_\_ Number of stories: \_\_\_\_\_ % Sprinklered: \_\_\_\_\_

Roof Type: \_\_\_\_\_

Within city limits (Y/N): \_\_\_\_\_

Distance to Fire Hydrant): \_\_\_\_\_

Brush Fire Rating): \_\_\_\_\_

Year Renovated: Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating/AC \_\_\_\_\_

**Building Security**

- Fire Alarm:             None             Local             Central
- Burglar Alarm:         None             Local             Central
- Smoke Detectors:       None             Battery             Hardwired

**Property Values**

Building: \_\_\_\_\_ Personal Property: \_\_\_\_\_ Personal Liability: \_\_\_\_\_

All Perils Deductible: \_\_\_\_\_

Wind/Hail Deductible: \_\_\_\_\_

***Contact us for any additional Locations.***

**ADDITIONAL COVERAGE INTERESTS**

Check all that apply:

- |                   |                          |                             |                          |
|-------------------|--------------------------|-----------------------------|--------------------------|
| Personal Umbrella | <input type="checkbox"/> | Medicare                    | <input type="checkbox"/> |
| Motorcycle        | <input type="checkbox"/> | Individual Health Insurance | <input type="checkbox"/> |
| Trailer           | <input type="checkbox"/> | Life Insurance              | <input type="checkbox"/> |
| RV                | <input type="checkbox"/> | Annuities/Retirement        | <input type="checkbox"/> |
| Boat              | <input type="checkbox"/> | Other                       | <input type="checkbox"/> |