

# AUTO QUOTE SHEET

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number \_\_\_\_\_ Time to call: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Present/Last Auto Ins. Co. \_\_\_\_\_ Proof 6 mo? \_\_\_\_\_ Exp. Date \_\_\_\_\_ Premium \_\_\_\_\_

Payment sched Mo, Qtr, Semi/An, Prior Limits \_\_\_\_\_ Limits desired \_\_\_\_\_

Homeowner? \_\_\_\_\_ Type of home (Stick, Mod, MH with found., ME w/o found.) HO Insurance Co. \_\_\_\_\_

## Auto Information

	<i>Auto 1</i>	<i>Auto 2</i>	<i>Auto 3</i>	<i>Auto 4</i>
Year				
Make				
Model/Ext.				
VIN number				
# Cyl.				
2/4 door				
PU: Ext. cab/Reg				
2WD/4WD				
OTC deductible				
Collision deductible				
Special Equipment				

## Driver Information (All residents of your home over age 15 or other regular operators)

<i>Driver's Name</i>	<i>Age</i>	<i>M / F</i>	<i>M / S</i>	<i>Veh #</i>	<i>Miles to work/school</i>	<i>Bus, or Del?</i>	<i>Violations/Accidents in last 3 yrs</i>
<i>Social-Security #</i>	<i>DOB</i>						<i>5yrs. (preferred)</i>

Filing?      Credit?      Rental Car?      Towing?      All residents listed?      All vehicles reg. to insured?

**HOME**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

SS# \_\_\_\_\_ DLN \_\_\_\_\_

DOB \_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_  
CITY, STATE, ZIP

PHONE: \_\_\_\_\_

ADDRESS TO BE INSURED:

INSIDE OR OUTSIDE CITY LIMITS \_\_\_\_\_

YEAR BUILT \_\_\_\_\_

SQ FT \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_

SLAB CRAWL SPACE

BASEMENT - % FINISHED \_\_\_\_\_

WALKOUT OR BELOW GRADE

HOW MANY STORY'S \_\_\_\_\_

# OF BATHROOMS \_\_\_\_\_

CARPORT OR GARAGE

ATTACHED OR DETACHED \_\_\_\_\_

# OF SPACES \_\_\_\_\_

TYPE OF ROOF \_\_\_\_\_ SIDING \_\_\_\_\_

ACREAGE \_\_\_\_\_ HOW MUCH \_\_\_\_\_

TYPE OF HEAT \_\_\_\_\_

BREAKER BOX OR FUSES

FIREPLACE OR WOOD STOVE \_\_\_\_\_

HOT TUB \_\_\_\_\_ POOL \_\_\_\_\_

IS IT FENCED W/LOCKED GATE YES NO

TRAMPOLINE \_\_\_\_\_

DOGS WITH A BITE HISTORY \_\_\_\_\_

UNUSAL ANIMALS OR LIVESTOCK \_\_\_\_\_

ANY BUSINESS CONDUCTED \_\_\_\_\_

IF SO, WHAT \_\_\_\_\_

DATE (YR) OF MOST RECENT UPDATES \_\_\_\_\_

WIRING \_\_\_\_\_ ROOF \_\_\_\_\_

PLUMBING \_\_\_\_\_

CENTRAL AIR/HEAT \_\_\_\_\_

ADDITIONS \_\_\_\_\_

ANY ADDITIONAL DWELLINGS \_\_\_\_\_

ANY COLLECTIONS VALUED OVER \$2500 \_\_\_\_\_

ANY ATV'S MOTORCYCLES

GOLF CARTS RV'S CAMPERS

WATERCRAFT

DISTANCE TO FIRE DEPT \_\_\_\_\_

DISTANCE TO HYDRANT \_\_\_\_\_

SPOUSE \_\_\_\_\_

SS# \_\_\_\_\_ DLN \_\_\_\_\_

DOB \_\_\_\_\_

MOBILE HOME YES NO

YEAR \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_

TYPE OF ROOF \_\_\_\_\_

TYPE OF FOUNDATION \_\_\_\_\_

TIED DOWN \_\_\_\_\_ UNDERPINNED \_\_\_\_\_

IN A PARK \_\_\_\_\_ HOW MANY SPACES \_\_\_\_\_

OR PRIVATE PROPERTY \_\_\_\_\_

DEAD BOLT LOCKS YES NO

SMOKE ALARM YES NO

FIRE EXTINGUISHER YES NO

NON-SMOKER DISCOUNT YES NO

EDUCATION LEVEL \_\_\_\_\_

ALARM SYSTEM \_\_\_\_\_

NEW PURCHASE YES NO

PUCHASE DATE & PRICE \_\_\_\_\_

CURRENTLY INSURED YES NO

COMPANY \_\_\_\_\_

PREMIUM \_\_\_\_\_

REASON FOR NEW QUOTE \_\_\_\_\_

ANY CLAIMS IN THE PAST 3 YEARS \_\_\_\_\_

COVERAGES REQUESTED

DWELLING \_\_\_\_\_

OTHER STRUCTURES \_\_\_\_\_

CONTENTS \_\_\_\_\_

LOSS OF USE \_\_\_\_\_

LIABILITY \_\_\_\_\_

MEDICAL PAYMENTS \_\_\_\_\_

DEDUCTIBLE \_\_\_\_\_

BANKRUPTCY IN PAST 5 YRS YES NO

IF SO, WHEN \_\_\_\_\_

EARTHQUAKE COVERAGE YES NO

WATER/SEWER BACKUP AMOUNT \_\_\_\_\_

ANY ADDITIONAL COVERAGES YES NO

IF SO, WHAT \_\_\_\_\_

CLOSING DATE/EFFECTIVE DATE \_\_\_\_\_

CAN YOU SEND PICTURES VIA E-MAIL

YES NO

ADDITIONAL COMMENTS \_\_\_\_\_