

# AUTO QUOTE FORM

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME# \_\_\_\_\_ WORK/CELL# \_\_\_\_\_  
FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_  
CURRENT CO: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

**DRIVER #1** \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
DOB: \_\_\_\_\_ DL# \_\_\_\_\_ GOOD STUDENT (YES/NO) \_\_\_\_\_  
ALUMNI DISCOUNT (YES/NO) \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
LICENSED AT AGE 16? (YES/NO) ORIGINAL LICENSE STATE: \_\_\_\_\_  
ANY TICKETS, VIOLATIONS, SUSPENSIONS ON YOUR RECORD? (YES/NO) \_\_\_\_\_  
DATE/TYPE OF VIOL/BODILY INJURY?: \_\_\_\_\_

**DRIVER #2** \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
DOB: \_\_\_\_\_ DL# \_\_\_\_\_ GOOD STUDENT (YES/NO) \_\_\_\_\_  
ALUMNI DISCOUNT (YES/NO) \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
LICENSED AT AGE 16? (YES/NO) ORIGINAL LICENSE STATE: \_\_\_\_\_  
ANY TICKETS, VIOLATIONS, SUSPENSIONS ON YOUR RECORD? (YES/NO) \_\_\_\_\_  
DATE/TYPE OF VIOL/BODILY INJURY?: \_\_\_\_\_

**DRIVER #3** \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
DOB: \_\_\_\_\_ DL# \_\_\_\_\_ GOOD STUDENT (YES/NO) \_\_\_\_\_  
ALUMNI DISCOUNT (YES/NO) \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
LICENSED AT AGE 16? (YES/NO) ORIGINAL LICENSE STATE: \_\_\_\_\_  
ANY TICKETS, VIOLATIONS, SUSPENSIONS ON YOUR RECORD? (YES/NO) \_\_\_\_\_  
DATE/TYPE OF VIOL/BODILY INJURY?: \_\_\_\_\_

**VEHICLE #1** YEAR \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
VIN: \_\_\_\_\_ ODOMETER: \_\_\_\_\_  
USAGE: \_\_\_\_\_ ONE WAY MILES: \_\_\_\_\_ DAYS A WEEK: \_\_\_\_\_ ANNUAL MILES: \_\_\_\_\_  
**PRIMARY DRIVER:** \_\_\_\_\_ GAP COVERAGE: Y/N DATE PURCHASED: \_\_\_\_\_  
LIABILITY LIMITS: \_\_\_\_\_ DED: \_\_\_\_\_ MED: \_\_\_\_\_  
UNINSURED MOTORIST: \_\_\_\_\_ RENTAL: \_\_\_\_\_ TOWING: \_\_\_\_\_  
LEASED/FINANCED? (NAME/ADDR) \_\_\_\_\_  
REGISTERED OWNER: \_\_\_\_\_

**VEHICLE #2** YEAR \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
VIN: \_\_\_\_\_ ODOMETER: \_\_\_\_\_  
USAGE: \_\_\_\_\_ ONE WAY MILES: \_\_\_\_\_ DAYS A WEEK: \_\_\_\_\_ ANNUAL MILES: \_\_\_\_\_  
**PRIMARY DRIVER:** \_\_\_\_\_ GAP COVERAGE: Y/N DATE PURCHASED: \_\_\_\_\_  
LIABILITY LIMITS: \_\_\_\_\_ DED: \_\_\_\_\_ MED: \_\_\_\_\_  
UNINSURED MOTORIST: \_\_\_\_\_ RENTAL: \_\_\_\_\_ TOWING: \_\_\_\_\_  
LEASED/FINANCED? (NAME/ADDR) \_\_\_\_\_  
REGISTERED OWNER: \_\_\_\_\_

**VEHICLE #3** YEAR \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
VIN: \_\_\_\_\_ ODOMETER: \_\_\_\_\_  
USAGE: \_\_\_\_\_ ONE WAY MILES: \_\_\_\_\_ DAYS A WEEK: \_\_\_\_\_ ANNUAL MILES: \_\_\_\_\_  
**PRIMARY DRIVER:** \_\_\_\_\_ GAP COVERAGE: Y/N DATE PURCHASED: \_\_\_\_\_  
LIABILITY LIMITS: \_\_\_\_\_ DED: \_\_\_\_\_ MED: \_\_\_\_\_  
UNINSURED MOTORIST: \_\_\_\_\_ RENTAL: \_\_\_\_\_ TOWING: \_\_\_\_\_  
LEASED/FINANCED? (NAME/ADDR) \_\_\_\_\_  
REGISTERED OWNER: \_\_\_\_\_

**REFERRAL SOURCE:** \_\_\_\_\_

# HOMEOWNER QUOTE FORM

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
DOB \_\_\_\_\_ DOB \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
MARRIED (YES/NO) \_\_\_\_\_ HOME # \_\_\_\_\_  
FAX# \_\_\_\_\_ WORK/CELL# \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

PRIMARY-SECONDARY-RENTAL \_\_\_\_\_ ESCROW CLOSING DATE \_\_\_\_\_  
CURRENT CO \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

SQ FT \_\_\_\_\_  
# OF STORIES \_\_\_\_\_  
YEAR BUILT \_\_\_\_\_  
ROOF TYPE \_\_\_\_\_ AGE \_\_\_\_\_  
GARAGE (ATT/DET) # OF CARS \_\_\_\_\_  
# OF FULL BATHS \_\_\_\_\_ # OF HALF BATHS \_\_\_\_\_  
# OF FIREPLACES \_\_\_\_\_  
CENTRAL MONITORED ALARM \_\_\_\_\_  
GATED COMMUNITY (YES/NO) \_\_\_\_\_  
HOA (YES/NO) \_\_\_\_\_  
FIRE SPRINKLERS IN CEILING (YES/NO) \_\_\_\_\_  
TRAMPOLINE (YES/NO) \_\_\_\_\_  
SWIMMING POOL/JACUZZI (YES/NO) \_\_\_\_\_  
DIVING BOARD/ SLIDE (YES/NO) \_\_\_\_\_  
ANIMALS ON THE PREMISES (YES/NO) DOG BREEDS \_\_\_\_\_  
YEAR PURCHASED: \_\_\_\_\_  
PRIOR HOME ADDRESS: \_\_\_\_\_  
ANY PREVIOUS HOME CLAIMS IN THE LAST 3 YEARS (YES/NO) \_\_\_\_\_  
DATE/DETAILS OF LOSS: \_\_\_\_\_  
SCHEDULED JEWELRY (YES/NO) VALUE OF ITEM(S): \_\_\_\_\_  
DESCRIPTION OF ITEM(S): \_\_\_\_\_  
SOLAR PANELS (YES/NO) LEASED/FINANCED \_\_\_\_\_  
# OF PANELS \_\_\_\_\_ VALUE OF PANELS \_\_\_\_\_

REFERRAL SOURCE \_\_\_\_\_

ESCROW INFORMATION \_\_\_\_\_  
\_\_\_\_\_

**AUTO RENEWAL DATES** \_\_\_\_\_

# BOAT QUOTE FORM

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME/CELL# \_\_\_\_\_ WORK/CELL# \_\_\_\_\_  
FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

**DRIVER #1** \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
DOB: \_\_\_\_\_ CDL: \_\_\_\_\_  
ANY TICKETS, VIOLATION OR SUSPENSIONS ON YOUR RECORD? (YES/NO)  
DATE/TYPE OF VIOL \_\_\_\_\_ INJURIES \_\_\_\_\_

**DRIVER #2** \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
DOB: \_\_\_\_\_ CDL: \_\_\_\_\_  
ANY TICKETS, VIOLATION OR SUSPENSIONS ON YOUR RECORD? (YES/NO)  
DATE/TYPE OF VIOL \_\_\_\_\_ INJURIES \_\_\_\_\_

**BOAT:**  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
HULL ID# \_\_\_\_\_  
CURRENT VALUE \_\_\_\_\_

**TYPE OF BOAT:**  
INBOARD \_\_\_\_\_ OUTBOARD \_\_\_\_\_ I/O \_\_\_\_\_ JET \_\_\_\_\_  
LENGTH \_\_\_\_\_ MAX SPEED \_\_\_\_\_ HORSEPOWER \_\_\_\_\_

**MOTOR:** \_\_\_\_\_  
SERIAL# \_\_\_\_\_

**TRAILER (YES/NO)**  
YEAR/MAKE/MODEL \_\_\_\_\_  
VIN: \_\_\_\_\_

LIABILITY LIMITS: \_\_\_\_\_ CURRENT DED: \_\_\_\_\_ MED \_\_\_\_\_

**REFERRAL SOURCE:** \_\_\_\_\_

## Renters Insurance Questionare

Applicant & co- applicant

1) Name: \_\_\_\_\_ / \_\_\_\_\_

2) How would ou like to be contacted with quote:

email: \_\_\_\_\_ / PH: \_\_\_\_\_

3) Date of birth: \_\_\_\_\_ / \_\_\_\_\_

4) Location address: \_\_\_\_\_

5) Mailing address: \_\_\_\_\_

6) Square feet: \_\_\_\_\_

7) Yr built: \_\_\_\_\_ Type of construction: \_\_\_\_\_, frame , brick

8) Tupe of dwelling: Apartment , Condo , House

9) Any pets: \_\_\_\_\_ / Business on prem: yes - no

10) Prior Insurance: \_\_\_\_\_

11) Any losses in past 5 years ? : \_\_\_\_\_

12) Home security devices - deadbolts - fire ext - fire/smoke alarm - burglar alarm

sprikler system.

13) Estimated replacement value of your personal belongings? The cost to replace your personal items such as, furniture, clothing, kitchenware including appliances you own,

Do you have any of the following ? please indicate value ? \_\_\_\_\_

Jewelry \$ \_\_\_\_\_ Firearms \$ \_\_\_\_\_ Computers \$ \_\_\_\_\_

Stereos / electronics \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

# MOTOR HOME QUOTE FORM

NAME \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME/CELL# \_\_\_\_\_ WORK# \_\_\_\_\_  
FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_  
CARRIER \_\_\_\_\_ EXP DATE \_\_\_\_\_

**DRIVER #1** \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
DOB: \_\_\_\_\_ CDL: \_\_\_\_\_  
ANY TICKETS, VIOLATIONS, SUSPENSIONS ON YOUR RECORD? (YES/NO)  
DATE/TYPE OF VIOL \_\_\_\_\_ INJURIES \_\_\_\_\_

**DRIVER #2** \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
DOB: \_\_\_\_\_ CDL: \_\_\_\_\_  
ANY TICKETS, VIOLATIONS, SUSPENSIONS ON YOUR RECORD? (YES/NO)  
DATE/TYPE OF VIOL \_\_\_\_\_ INJURIES \_\_\_\_\_

## **MOTOR HOME:**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
VIN: \_\_\_\_\_ LENGTH \_\_\_\_\_  
ANNUAL MILEAGE: \_\_\_\_\_  
DATE OF PURCHASE \_\_\_\_\_ CURRENT VALUE \_\_\_\_\_  
REGISTERED OWNER: \_\_\_\_\_  
LEASED/FINANCED: \_\_\_\_\_

## **COVERAGES:**

LIABILITY LIMITS: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_  
UNINSURED MOTORIST: \_\_\_\_\_ MEDICAL PAYMENTS: \_\_\_\_\_  
RENTAL \_\_\_\_\_ TOWING \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

# MOTORCYCLE QUOTE FORM

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME/CELL# \_\_\_\_\_ WORK# \_\_\_\_\_  
FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_  
CARRIER \_\_\_\_\_ EXP DATE \_\_\_\_\_  
CONTINUOUS COVERAGE FOR THE LAST 5 YEARS? (YES/NO) \_\_\_\_\_

**DRIVER #1** \_\_\_\_\_ DOB: \_\_\_\_\_  
LICENSED AT AGE 16? (YES/NO) \_\_\_\_\_ CDL: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ Motorcycle endorsement? (YES/NO) \_\_\_\_\_  
ANY TICKETS, VIOLATIONS, SUSPENSIONS ON YOUR RECORD? (YES/NO) \_\_\_\_\_  
DATE/TYPE OF VIOL: \_\_\_\_\_  
BODILY INJURY? (YES/NO): \_\_\_\_\_

**DRIVER #2** \_\_\_\_\_ DOB: \_\_\_\_\_  
LICENSED AT AGE 16? (YES/NO) \_\_\_\_\_ CDL: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ Motorcycle endorsement? (YES/NO) \_\_\_\_\_  
ANY TICKETS, VIOLATIONS, SUSPENSIONS ON YOUR RECORD? (YES/NO) \_\_\_\_\_  
DATE/TYPE OF VIOL: \_\_\_\_\_  
BODILY INJURY? (YES/NO): \_\_\_\_\_

**MOTORCYCLE #1**  
YEAR \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
VIN: \_\_\_\_\_ CC: \_\_\_\_\_  
USAGE: \_\_\_\_\_  
ONE WAY MILES: \_\_\_\_\_ ANNUAL MILEAGE: \_\_\_\_\_  
**PRIMARY DRIVER:** \_\_\_\_\_  
LIABILITY LIMITS: \_\_\_\_\_ UNINSURED: \_\_\_\_\_ DED: \_\_\_\_\_  
RENTAL: \_\_\_\_\_ TOWING: \_\_\_\_\_ MED PAY: \_\_\_\_\_  
FINANCED? (NAME/ADDR) \_\_\_\_\_  
REGISTERED OWNER (YES/NO) \_\_\_\_\_

**MOTORCYCLE #2**  
YEAR \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
VIN: \_\_\_\_\_ CC: \_\_\_\_\_  
USAGE: \_\_\_\_\_  
ONE WAY MILES: \_\_\_\_\_ ANNUAL MILEAGE: \_\_\_\_\_  
**PRIMARY DRIVER:** \_\_\_\_\_  
LIABILITY LIMITS: \_\_\_\_\_ UNINSURED: \_\_\_\_\_ DED: \_\_\_\_\_  
RENTAL: \_\_\_\_\_ TOWING: \_\_\_\_\_ MED PAY: \_\_\_\_\_  
FINANCED? (NAME/ADDR) \_\_\_\_\_  
REGISTERED OWNER (YES/NO) \_\_\_\_\_

**REFERRAL SOURCE:** \_\_\_\_\_

# MOBILE HOME QUOTE FORM

NAME \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
HOME/CELL# \_\_\_\_\_  
FAX# \_\_\_\_\_  
CARRIER \_\_\_\_\_

NAME \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
WORK# \_\_\_\_\_  
EMAIL \_\_\_\_\_  
CLOSING/EXP DATE \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

PRIMARY/TENANT OCCUPIED

YR MANUFACTURED: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_  
MODEL: \_\_\_\_\_ SINGLE/ DOUBLE/ TRIPLE WIDE?  
DIMENSION: \_\_\_\_\_ IN SQ FT: \_\_\_\_\_  
FOUNDATION: SKIRTED/ PERMANENT  
CARPORT/ GARAGE? ATTACHED/ DETACHED? # OF CARS \_\_\_\_\_  
ANY ADDITIONS/ SEPARATE STRUCTURES? \_\_\_\_\_  
\_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

FIREPLACE OR WOODSTOVE? \_\_\_\_\_  
IN A MOBILE HOME PARK: (YES/NO)  
NAME OF PARK: \_\_\_\_\_  
ANY ANIMALS ON THE PREMISES: (YES/NO) BREED \_\_\_\_\_

ANY LOSSES IN THE LAST 5 YEARS: (YES/ NO) \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_  
ESCROW/ MORTGAGE INFO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTO/HOME RENEWAL DATES** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_