

PERSONAL LINES NEW BUSINESS ACCOUNT INFORMATION

Date Quote Is Needed By: _____

How Did You Hear About Us? _____

Items to be quoted: (Please check all that apply)

Primary Home _____ Valuables _____ Autos _____ Recreational Vehicles _____
 Secondary Home _____ Umbrella _____ Cycle _____ Health _____
 Rental Property _____ Flood _____ Watercraft _____ Life _____
 Other (Explain) _____

Preferred Pay Plan _____ Pay in Full _____ Semi-Annual _____ Quarterly _____ Monthly _____

First Named Insured

First Name _____ Middle _____ Last _____

Street Address _____

City _____ County _____ State _____ Zip _____

Prior Address If Less Than 3 Years At Current Location _____

Marital Status _____ Gender _____ Date Of Birth _____ SSN _____
 Occupation _____ Employer Name _____
 Contact Phone _____ Email Address _____

Additional Discounts may apply based on your highest level of education.
 (Please Check) High School _____ Associates _____ Graduate _____
 Some College _____ Bachelors _____ Doctorate _____

Second Named Insured

First Name _____ Middle _____ Last _____

Street Address _____

City _____ County _____ State _____ Zip _____

Prior Address If Less Than 3 Years At Current Location _____

Marital Status _____ Gender _____ Date Of Birth _____ SSN _____
 Occupation _____ Employer Name _____
 Contact Phone _____ Email Address _____

Additional Discounts may apply based on your highest level of education.
 (Please Check) High School _____ Associates _____ Graduate _____
 Some College _____ Bachelors _____ Doctorate _____

Name(s) Of Additional Household Members

Current Insurance	Company	Current Premium
Home	_____	_____
Auto	_____	_____
Umbrella	_____	_____
Watercraft	_____	_____

AUTO INSURANCE QUOTE



Policy Effective Date: _____

Garaging Address If Different Than Mailing: _____

#	Yr	Make	Model	Vin	Cc's (If Applicable)	Annual Mileage	Loan Or Leased Vehicle?
1							
2							
3							
4							

Driver Name	Birthdate	Dr Lic # & State	Veh#	Use (Pleasure, Commute, Business)	Miles 1 Way Wk/Schl	Good Student >3.0 GPA	Is Student Away At School Over 100 Miles?

Accidents/Violations/Comp Claims

Driver Name	Date	Description	Amt Pd	Veh#

Coverage	Amount	Veh#
Liability		
Medical Payments		
Uninsured/Underinsured Motorists		
Comprehensive Deductible.		
Collision Deductible.		
Towing	50 __ 75 __ 100 __ Other ____	
Rental	____ Per Day ____ Per Occurrence	
Loan Lease/Gap Coverage	Veh# 1 __ 2 __ 3 __ 4 __	
Replacement Cost Coverage	Veh# 1 __ 2 __ 3 __ 4 __	

Years With & Name Of Prior Carrier?	
Do You Have A Company Car?	
Any Other Insurance In Household?	

HOMEOWNERS QUOTE REQUEST

Policy Effective Date: _____

Property Address _____
 Street Address _____
 City _____ County _____ State _____ Zip _____
 Year Purchased _____ # of Mortgages _____

Building Type (Check one)	Single Family _____	Multi-Family _____	Condominium _____	Apartment Building _____
Number of living units in the building _____	Do you own this property? _____		Who occupies this property? (Self or Tenant) _____	
Construction Type (Check one)	Frame _____	Brick _____	EIFS _____	Other _____
Roof Material (Check One)	Asphalt Shingles _____	Tile _____	Wood or Cedar Shake _____	Other _____ Is roof flat? _____
Year Built _____	# of Stories _____	Is building under construction or renovation? _____		Approx. Square Footage _____
Type of Heating _____	Does it have Central Air? _____		Garage _____	
Is there a basement? _____	Is the basement finished? _____	# of Bathrooms _____	# of Fireplaces _____	
Is there a Sump Pump? _____	Is there a Sump Pump Backup? _____		If so, indicate type _____	
Does property have fuses or knob & tube wiring? _____	Is there a woodstove? _____	If yes, was it professionally installed? _____		Are you a smoker? _____
Indicate year of update to systems	Heat _____	Roof _____	Plumbing _____	Electric _____
Is there a swimming pool? _____	How Deep? _____	Fenced? _____	Diving Board? _____	In Ground? _____
Is there a trampoline on the premises? _____		If Yes, is it netted? _____		
Do you have a central station burglar alarm? _____		Do you have a central station fire alarm? _____		
List responding Fire Dept. _____	# of miles to fire dept. _____	# of feet to fire hydrant _____		
Is this property secondary or seasonal? _____				
Is any in home business conducted at this property? _____		If Yes, provide general details _____		
List all pets (include breed) _____				

Coverage	Amount	Loss History
House		List date, cause, amount paid and actions taken to prevent future occurrences.
Condo Additions & Alterations		
Personal Property		
Deductible		
Liability		
Medical Payments		
Water Back-Up		
Scheduled Jewelry		
Scheduled Furs		
Scheduled Fine Arts		
Scheduled – Other Items		
Quote Flood? _____		Quote Earthquake? _____

NOTE: The insurance company may do an inspection to determine the correct replacement value.

WATERCRAFT INSURANCE QUOTE



Policy Effective Date: _____

Named Insured(s)

	<u>Boat</u>	<u>Motor</u>	<u>Trailer</u>
Year			
Make			
Model			
Serial No.			
Length			
Horsepower or CC			
Type (Inboard, Outboard, In/Out, Sail, Jet Ski, Other)			
Maximum Speed			
Value			

Where is boat moored? _____

Is fuel type gas or diesel? _____

What is boat used for (fishing, skiing, business, racing) _____

<u>Name Of Boat Operators</u>	<u>Date of Birth</u>	<u>Driver License #</u>

Which operators have taken a boat safety course? _____

Boat Losses

<u>Operator</u>	<u>Date Of Loss</u>	<u>Loss Description</u>	<u>Amt Paid</u>

<u>Coverages</u>	<u>Amount</u>
Liability Amount	
Medical Payments	
Uninsured/Underinsured Boaters Amount	
Physical Damage Deductible	
Towing	

Prior Insurance Company _____ Expiration Date _____

Homeowners insurance company if we are not quoting: _____

Auto insurance company if we are not quoting _____