

Things we need from you to get a Firm Quote. Remember, the more information we provide for the Underwriters, the more discounts we can qualify for!

AUTOMOBILE QUESTIONNAIRE

- 1) **First & Last Name**
- 2) **Date of Birth**
- 3) Occupation
- 4) **Address (Including city & Zip code)**
- 5) Primary Phone Number
- 6) Email Address
- 7) Marital Status (If Yes, then same 1-4 need to be answered for the spouse also)
- 8) Previous Carriers name
- 9) Prior Coverage
- 10) Current Premium
- 11) 6 or 12 month Policy?
- 12) Expiration Date of Prior Policy
- 13) **Potential Effective Date of New Policy**
- 14) How Long have you been with Prior Carrier
- 15) **Driver License Number and State for all Drivers**
- 16) **Vin Numbers of all Cars that you want on the Policy**
- 17) Primary use of Vehicle (ex: work, business, pleasure, etc.)
- 18) Annual miles put on all vehicles
- 19) Is the vehicle owned or is there a Lien holder (if lien holder then please provide their info)
- 20) List any accidents or tickets for all drivers in the Last 5 yrs (Please provide dates also)
- 21) What Coverage would you like:

Bodily Injury: 50/100 - 100/300

Property Damage: 25,000 – 250,000

Residence: Homeowner or Apartment (If you own a Home then please fill out the Home Questionnaire also to get a Packaged Quote which will provide the best deal)

Personal Injury Protection (PIP): 2,500 – 100,000

Comp/Collision: Deductible –250, 500, 1000 (Comp/Collision is Full Coverage, if you prefer Liability only please Select No Coverage)

Would you like Towing and Labor? Rental Reimbursement?

If you don't feel comfortable about entering all this information then please feel free to call us (It takes 5 minutes over the phone) If you can please answer the questions in Bold type at least.

HOME QUESTIONNAIRE

- 1) **First & Last Name**
- 2) **Date of Birth**
- 3) Occupation
- 4) **Address (Including city & Zip code)**
- 5) Primary Phone Number
- 6) Email Address
- 7) Marital Status (If Yes, then same 1-4 need to be answered for the spouse also)
- 8) Previous Carriers name
- 9) Prior Coverage
- 10) Current Premium
- 11) Any Trampolines, Dogs, or Swimming Pools?
- 12) Any Heating, Plumbing, Electric, or Roofing updates? (If yes, Underwriter may ask for Documentation)
- 13) Coverages:
 - Dwelling* - : Each Insurance company uses their own Estimated Replacement Cost Calculator therefore this number will vary (You can give us your current Number for comparison reasons)
 - Personal Liability*: 25,000 – 500,000
 - Medical Payments*: 1000-5000
 - Alarms or Protective Devices*: Please list all that apply because these have a direct effect on Policy Premium (More Protection = More Credits)
 - Endorsements*: Jewelry, Cr Card Fraud, ID Theft, Water Backup, Residence Glass, etc.
- 14) Please List any Losses Claimed in the Last 3 yrs. (if any then provide Loss Amount also)