

Demographic Information

Name: _____ Today's Date: _____
 Address: _____ Home Phone: _____
 _____ Cell Phone: _____
 Email: _____ Business Phone: _____
 Referred By: _____ Fax Number: _____

Homeowners

Construction: Brick <input type="radio"/> Frame <input type="radio"/>	Year Built:	Primary Home <input type="radio"/> Secondary Home <input type="radio"/> Rental <input type="radio"/>	Breakers <input type="radio"/> Fuses <input type="radio"/>	Roof Type: Metal <input type="radio"/> Asphalt <input type="radio"/>	Feet from Hydrant:	Miles from Fire Dept.:	Fire District:	Type Heat?	Fireplace? Wood <input type="radio"/> Gas <input type="radio"/> Wood Stove <input type="radio"/>		
# Stories:	# Baths:	Sq. Ft.:	Sq. Ft. Porches:	Sq. Ft. Decks:	Basement? No <input type="radio"/> Yes <input type="radio"/> Finished <input type="radio"/> Unfinished <input type="radio"/> Sq. Ft.: _____			Carport <input type="radio"/> Garage <input type="radio"/> 1-Car <input type="radio"/> 2-Car <input type="radio"/> 3-Car <input type="radio"/> Attached <input type="radio"/> Unattached <input type="radio"/> Finished Sq. Ftage Above <input type="radio"/>			
Trampoline? No <input type="radio"/> Yes <input type="radio"/>	Pool? No <input type="radio"/> Yes <input type="radio"/> Fenced <input type="radio"/> Locking Gate <input type="radio"/>	Animals? No <input type="radio"/> Yes <input type="radio"/> # and Type:	Central Alarm? Fire: No <input type="radio"/> Yes <input type="radio"/> Burglar: No <input type="radio"/> Yes <input type="radio"/>	Acreage? No <input type="radio"/> Yes <input type="radio"/> Amount: _____	Detached Structures? Description: Value: \$		Home Business? No <input type="radio"/> Yes <input type="radio"/> Description:				
Current Carrier:				Current Policy #:				Effective Date:			
Dwelling Coverage			Liability Limit			Deductible			Earthquake No <input type="radio"/> Yes <input type="radio"/>		

Personal Automobile

Drivers

Driver Name	Birthdate	Sex	Marital Status	Driver's License #	Social Security #	Details
		M <input type="radio"/> F <input type="radio"/>	S <input type="radio"/> W <input type="radio"/> M <input type="radio"/> D <input type="radio"/>			Occupation: Driver Training: N <input type="radio"/> Y <input type="radio"/> Good Student: N <input type="radio"/> Y <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>	S <input type="radio"/> W <input type="radio"/> M <input type="radio"/> D <input type="radio"/>			Occupation: Driver Training: N <input type="radio"/> Y <input type="radio"/> Good Student: N <input type="radio"/> Y <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>	S <input type="radio"/> W <input type="radio"/> M <input type="radio"/> D <input type="radio"/>			Occupation: Driver Training: N <input type="radio"/> Y <input type="radio"/> Good Student: N <input type="radio"/> Y <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>	S <input type="radio"/> W <input type="radio"/> M <input type="radio"/> D <input type="radio"/>			Occupation: Driver Training: N <input type="radio"/> Y <input type="radio"/> Good Student: N <input type="radio"/> Y <input type="radio"/>

Vehicles

Veh #	Year	Make/Model/Body Style	VIN	Use	Miles to Work	Operator
1				Pleasure <input type="radio"/> To Work <input type="radio"/> Business <input type="radio"/>		
2				Pleasure <input type="radio"/> To Work <input type="radio"/> Business <input type="radio"/>		
3				Pleasure <input type="radio"/> To Work <input type="radio"/> Business <input type="radio"/>		
4				Pleasure <input type="radio"/> To Work <input type="radio"/> Business <input type="radio"/>		

Current Carrier:			Current Policy #:			Effective Date:		
Bodily Injury	Property Damage	Comprehensive	Collision	Towing		Rental Reimbursement		
		Deductible: \$ Veh. 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	Deductible: \$ Veh. 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	Veh. 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>		Veh. 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>		

Other Coverages

Personal Umbrella: No Yes **Personal Articles:** No Yes **Flood Insurance:** No Yes **Life, Health, Disability:** No Yes

Name: _____ Date: _____

Other Questions

- | | | |
|--|---------------------------|--------------------------|
| 1. Are you furnished a vehicle by your employer? | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. Is your home in your name? Owned by a trust? | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. Do you have any domestic employees (yard, housekeeper, etc.)? | Yes <input type="radio"/> | No <input type="radio"/> |
| 4. Your homeowners policy provides no coverage for flood or surface water. Are you concerned about surface water causing damage to your home in the event of severe rains? | Yes <input type="radio"/> | No <input type="radio"/> |
| 5. Is your home more than 50 years old? If yes, what and when have updates been made on:
Roof: _____
Wiring: _____
Plumbing: _____ | Yes <input type="radio"/> | No <input type="radio"/> |
| 6. Any other items that you own that we have not already discussed? | Yes <input type="radio"/> | No <input type="radio"/> |
| 7. Do you own any motorized vehicles, golf carts, boat, exhibition autos, etc. that are not shown on this proposal? | Yes <input type="radio"/> | No <input type="radio"/> |
| 8. Do you own any property other than what was discussed on the previous page? | Yes <input type="radio"/> | No <input type="radio"/> |
| 9. Do you own any collections or other unique or valuable property such as jewelry, furs, or guns that you wish to insure? | Yes <input type="radio"/> | No <input type="radio"/> |
| 10. Explain any volunteer work that you do. Do you currently sit on any boards, profit or non-profit, or serve in a leadership position with any of them? | Yes <input type="radio"/> | No <input type="radio"/> |
| 11. If you were served with a large lawsuit tomorrow, would you feel comfortable that the liability limits shown in this proposal would protect your assets and future earning potential? | Yes <input type="radio"/> | No <input type="radio"/> |
| 12. Are your estate planning needs properly documented and funded with life insurance? | Yes <input type="radio"/> | No <input type="radio"/> |
| 13. One of the biggest risks many families face that is not adequately addressed is the ability to supplement the family income in the event of disability or death. Are you comfortable with your life, disability, and long-term care insurance program? | Yes <input type="radio"/> | No <input type="radio"/> |
| 14. Do you have a video of your home and personal possessions that has been updated in the last two years and is stored off premises? | Yes <input type="radio"/> | No <input type="radio"/> |