

Homeowners Insurance Application

Named Insured(s) and Mailing Address

Alejandro Rosalez
alejandrorosalez@example.com

Insurance Company

XYZ Insurance

Primary Email: alejandrorosalez@example.com

Primary Phone #: 555-157-0100

Alternate Phone #: 555-758-0100

Bought through: Home

Insured Property

Home

NOTICE OF INSURANCE INFORMATION PRACTICES

In some insurance transactions, we may not be able to get all the information we need directly from you. In that case, we may obtain information from outside sources at our own expense. We would also like to inform you that without prior authorization, we may as permitted by law, provide information about you contained in our records and files to certain persons or organizations.

NOTICE: As part of XYZ underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Policy Number	Purchase Date and Time	Effective Date	Expiration Date
45488257965	14/06/2009, 09:30	20/10/2020	20/10/2025

Primary Applicant Information

Name

Alejandro Rosalez

Date of Birth	Gender	Marital Status	Education Level
03/02/1990	Female	Married	Undergraduate

Existing Policy	Drivers License Number	DL State	Currently Insured - Auto
Home Insurance	7654825499	WI	Home

Length of Time with Current Auto Carrier	Length of Time with Prior Auto Carrier
5 Years	3 Years

Years with Prior Property Company	Type of Current Property Policy
5 Years	Home

Co-Applicant Information

Name

Jane Doe

Date of Birth	Gender	Marital Status	Education Level
16/07/1988	Male	Married	Undergraduate

Relationship to Primary Applicant	Drivers License Number	DL State	Currently Insured- Auto
Spouse	1935478265	WI	Home

Length of Time with Current Auto Carrier	Length of Time with Prior Auto Carrier
5 Years	3 Years

Total Auto Claims, Accidents, and Violations for all Applicants

Number of Auto Accidents		Number of Violations		Number of Comp Claims
At-Fault	Not-at-Fault	Major	Minor	
03	01	02	01	03