## **Homeowners Insurance Application**

Named Insured(s) and Mailing Address

Ziggy Starpixel, 42 Rainbow Sparkle Boulevard Unicornville, NV 12345 **Insurance Company** 

Fake Insurance Co 650 Davis Street San Francisco, CA 94111

Primary Email: rainbow.unicorn.987654@fakeemail.nowhere

**Primary Phone #:** 555 555 1212 **Alternate Phone #:** 555 555 1213

Insured Property
42 Rainbow Sparkle Boulevard
Unicornville, NV 12345

## 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 Esurance's 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.

Purchase Date and Time | Effective Date

Policy Number		Purchase Date and Time		ective Date	Expiration Date	
%&()*	% <b>\$#</b> #	%\$##8\$\$* Ui%fa		<del>\\$#\\$#8\$\$</del>	%\$# <b>#8</b> \$%\$	
		Primary Ap	plicant Inf	formation		
Name						
Ziggy Starp	oixel					
Date of Birth	Gender	Marital Status		Education Level		
2/20/2000	M	S				
<b>Existing Esurance Policy</b>		Drivers License Number		DL State	<b>Currently Insured - Auto</b>	
123456		1234567A		NV	Fake Auto Ins Co	
Length of Time with Current Auto Carrier			Length of Time with Prior Auto Carrier			
1 Year			2 years			
Years with Prior Property Company			Type of Current Property Policy			
1 Year						
		Co-Applic	cant Infor	mation		
Name						
Luna Starligh	nt-Glitterdust					
Date of Birth	Gender	Marital Status		<b>Education Leve</b>	el	
2/29/2000	F	S		Graduate		
Relationship to Primary Applicant		<b>Drivers License Number</b>		DL State	Currently Insured- Auto	
Domestic Partner		987654A		NV	Fake Auto Ins Co.	
Length of Time v	with Current Auto Ca	arrier	Length	of Time with Prior	r Auto Carrier	
	ear			6 months		
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	Total Auto Claims, Accidents, and Violations for all Applicants								
Number of Auto Accidents		Number of Violations		N. J. CG. CI.					
At-Fault	Not-at-Fault	Major	Minor	Number of Comp Claims Page 1					