

1. Basic Information

Lead Date	Outbounder Name		Campaign Name	
<input type="text"/>				
First Name	Last Name			
Current Address	Unit #	City	State	ZIP Code
Home Phone	Cell Phone	E-mail		
Occupation	Marital Status		If Married (Spouse First Name, Last Name)	
Have you Lived At Your Address for 5 Years?	Prior Address	Prior City	Prior State	Prior Zip
Yes				
No				

2. QUOTE INFORMATION

AUTOMOBILE QUOTE

<u>AUTO 1</u>	<u>AUTO 2</u>	<u>AUTO 3</u>	<u>AUTO 4</u>
Year	Year	Year	Year
Make	Make	Make	Make
Model	Model	Model	Model
Sub Model	Sub Model	Sub Model	Sub Model
Annual Miles Driven	Annual Miles Driven	Annual Miles Driven	Annual Miles Driven
Original Owner	Original Owner	Original Owner	Original Owner
Yes	Yes	Yes	Yes
No	No	No	No

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Is there a company car ?	Who Is your current Insurance Carrier?	When does your policy renew?	How much are you currently paying?
Yes		<input type="text"/>	
No			
How many accidents in last five years?	How many at fault accidents?	Any violations in last 5 years?	Explain Violations
Any other drivers live in your home?	1. If Yes (First Name, Last Name)	2. If Yes (First Name, Last Name)	3. If Yes (First Name, Last Name)
Choice 1			
Choice 2			

PROPERTY QUOTE

Do you current rent or own where you live		
Rent		
Own		
<u>HOMEOWNERS</u>	<u>CONDOMINIUM</u>	<u>RENTERS</u>
Type of Residence	How many units in the building	How many units in the building?

Square feet (not including basement)		What floor are you on?		What floor are you on?
Year Built	Year Purchased	# of Bedrooms?	# of Bathrooms?	Do you currently have renters insurance?
				Yes
				No
Type of Foundation		Building type	24 hr doorman?	If yes, do you know your contents limit?
		Brick	Yes	
		Frame	No	
If Basement, what % of basement is finished?		Is the unit rented to others?		If yes, who is your insurance with?
		Yes		
		No		
# of Bedroom?	# of Bathrooms?	Is there a monitored alarm system?		If yes, when does your policy renew?
		Yes		<input type="text"/>
		No		
Is your garage?		When did purchase your condo?		If yes, how much do you currently pay?
		<input type="text"/>		
Exterior Wall Type (1)		What was the purchase price?		
Exterior Wall Type (2)		What is the current market value?		
What year was your current roof installed?		Is your insurance paid through an escrow account?		
		Yes		
		No		
Any decks?	If yes, how big (sq ft)?	Who is your current insurance with?		
Yes				
No				
Do you have a monitored alarm system?		When does your current policy renew?		
Yes				
No				
Other type of alarm				
Is your insurance paid through an escrow account?		How much are you paying for your insurance?		
Yes				
No				
Who is your current insurance with?				
When does your current policy renew?				
What is your current deductible?				
How much are you currently paying?				
How many claims in the last 5 years?				

### 3. PERMISSION & FOLLOW UP

In order to provide an accurate quote, we need to look at your: 1. Motor vehicle report 2. Prior claims history and 3. Soft inquiry on your credit. Do we have permission to run your insurance score?

Yes

No

If Yes:

Your Date of Birth	Your Drivers License Number (if available)
<input type="text"/>	

Household Member 2 Date of Birth

Household Member 2 Drivers License Number (if available)

Household Member 3 Date of Birth

Household Member 3 Drivers License Number (if available)

Household Member 4 Date of Birth

Household Member 4 Drivers License Number (if available)

Household Member 5 Date of Birth

Household Member 5 Drivers License Number (if available)

Thank you very much for your time today, I'm confident our pricing and agency will win your business over to Allstate. When is a good time over the next 24 hours for a Licensed Insurance Advisor to follow up with you to deliver the quotes?

Any notes to add