To assist in expediting your requested insurance quotes for home and/or auto insurance, please fill out the information requested below. To complete this form simply type in the answers to the questions, click save and forward the email back to me. If you have any questions, please feel free to contact our office. We look forward to serving your insurance needs!

We will need driver’s license numbers for ALL licensed drivers in your home. We will also need the social security number of the first named insured (person requesting quotes).

|  |  |  |
| --- | --- | --- |
| **APPLICANT** | **HUSBAND** | **WIFE** |
| First Name | Enter text here | Enter text here |
| Last Name | Enter text here | Enter text here |
| Mailing Address | Enter text here | Enter text here |
| Cell Phone/Home phone | Enter text here | Enter text here |
| Email Address: | Enter text here | Enter text here |
| Date of Birth | Click here to enter a date. | Click here to enter a date. |
| DL# & State | Enter text here | Enter text here |
| SS# (phone in, if desired) | Enter text here | Enter text here |
| Residence: Owned or Rented? | Choose an item. | Choose an item. |
| How many years at this address? | Enter text here | Enter text here |
| Previous Address if recently moved | Enter text here | Enter text here |

**Please list additional drivers here:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DL#** | **Date of Birth** | **Marital Status** | **Occupation** |
| Enter text | Enter text | Pick a date | Choose | Enter text |
| Enter text | Enter text | Pick a date | Choose | Enter text |
| Enter text | Enter text | Pick a date | Choose | Enter text |
| Enter text | Enter text | Pick a date | Choose | Enter text |
| Enter text | Enter text | Pick a date | Choose | Enter text |

*Please note: if you have had Defensive Driving or Drivers Training in the last year and would like that used toward a discount please provide a certificate of completion.*

**AUTO INFORMATION**

|  |  |
| --- | --- |
| Current Carrier: | Click here to enter text. |
| How long w/ currant carrier? | Click here to enter text. |
| Current Expiration date | Click here to enter a date. |
| Current Policy # | Click here to enter text. |
| Effective date of new policy | Click here to enter a date. |

**VEHICLE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Make** | **Model** | **Vin #** |
| Enter year | Enter make | Enter model | Click here to enter text. |
| Enter year | Enter make | Enter model | Click here to enter text. |
| Enter year | Enter make | Enter model | Click here to enter text. |
| Enter year | Enter make | Enter model | Click here to enter text. |
| Enter year | Enter make | Enter model | Click here to enter text. |
| Enter year | Enter make | Enter model | Click here to enter text. |

**AUTO LIMITS**

If you do not know the limits you need you can fax or email your current declarations page to us and we will use it to quote the limits.

|  |  |
| --- | --- |
| Bodily Injury | Click here to enter text. |
| Property Damage | Click here to enter text. |
| Medical Payments | Click here to enter text. |
| PIP (personal injury protection) | Click here to enter text. |
| Comprehensive | Click here to enter text. |
| Collision | Click here to enter text. |
| Uninsured/Underinsured Motorists | Click here to enter text. |
| Towing/Labor | Click here to enter text. |
| UN/UM Property Damage | Click here to enter text. |
| Rental Reimbursement | Click here to enter text. |

**HOMEOWNERS INSURANCE**   
If you do not know the limits you need you can fax or email your current declarations page to us and we will use it to quote the limits.

|  |  |
| --- | --- |
| Current Carrier | Click here to enter text. |
| Current Policy | Click here to enter text. |
| How many years with current carrier | Click here to enter text. |
| Expiration Date Current Policy | Click here to enter a date. |
| Desired effective date of new policy | Click here to enter a date. |
| Year Built | Click here to enter text. |
| Square Footage | Click here to enter text. |
| Number of Stories | Choose an item. |
| How many full baths | Choose an item. |
| Half Baths | Choose an item. |
| Fire Place | Click here to enter text. |
| Garage | Choose an item. |
| Non-Smokers | Click here to enter text. |
| Heating type: gas or electric | Choose an item. |

**UPDATES**

|  |  |
| --- | --- |
| Age of Roof | Choose an item. |
| Swimming Pool | Choose an item. |
| Is the pool fenced | Choose an item. |
| Trampoline on the premises | Choose an item. |
| Dogs on the premises | Choose an item. |
| How many dogs | Click here to enter text. |
| Is there a business on the premises? | Choose an item. |
| # Employees, if any | Click here to enter text. |

**COVERAGE**

|  |  |
| --- | --- |
| Dwelling limit | Click here to enter text. |
| Personal Property | Click here to enter text. |
| Medical Payments | Click here to enter text. |
| Desired Deductible | Click here to enter text. |
| Theft Deductible | Click here to enter text. |
| Smoke Detectors | Choose an item. |
| Are they monitored? | Choose an item. |
| Fire Detectors | Choose an item. |
| Are they monitored? | Choose an item. |
| Burglar Alarm | Choose an item. |
| Is it monitored? | Choose an item. |

**Please email or fax a copy of your current Auto and Homeowners policy declarations page (this page has your policy limits on it). These documents can assist to expedite your insurance quotes. We want to be certain to get the same limits/coverage you currently have with better rates.**

*Please note that these are quotes and subject to change after motor vehicle & claims reports are obtained!*