

AUTO WORKSHEET

Insured Name _____ Spouse Name _____

Mailing Address _____
City _____

State _____ Zip _____

Location Address _____

City _____

State _____ Zip _____

If less than 3 years, prior address:

INSURED

SPOUSE

SSN# _____

SSN# _____

DOB _____

DOB _____

DL # _____

DL# _____

OCCUPATION _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER _____

PHONE _____

PHONE _____

EMAIL _____

EMAIL _____

CURRENT CARRIER

Current carrier _____ Policy # _____

Years with carrier _____ effective dates _____ to _____

Has anyone in household been convicted of felony in past 10 years? YES NO

Does anyone's car owned by insured have interlock device installed due to DUI or DWI? YES NO

Please list any additional drivers in home (children, parents or anyone whom lives and resides in residence).

NAME	DOB	DL#	SSN#	GENDER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST OF VEHICLES

YEAR MAKE MODEL VIN# MILEAGE WORK/PLEASURE #YEARS OWNED
AUTO

CURRENT LIMIT OF COVERAGE:

BODILY INJURY 25/50 50/100 100/300 250/500 300/300 500/500

PROPERTY DAMAGE 25,000 50,000 100,000 300,000

MED PAY 1,000 5,000

WORK LOSS YES/ NO

UNINSURED 25/50 50/100 100/300 250/500 300/300 500/500

UNDER 25/50 50/100 100/300 250/500 300/300 500/500

DEDUCTIBLE:

COMP _____ COLLISION _____

RENTAL REIMBURSEMENT: YES NO

TOWNING /ROADSIDE ASSISTANCE: YES NO

Have you ever had a lapse in coverage? YES NO

Have you ever had you driver's license revoked? YES NO

LIST ANY ACCIDENTS/VIOLATIONS/TICKETS/LOSSES:

HOMEOWNERS/RENTERS WORKSHEET

Insured Name _____ Spouse Name _____

Mailing Address _____
City _____

State _____ Zip _____

Location Address _____

City _____

State _____ Zip _____

If less than 3 years, prior address:

INSURED

SSN# _____

DOB _____

OCCUPATION _____

EMPLOYER _____

PHONE _____

EMAIL _____

SPOUSE

SSN# _____

DOB _____

OCCUPATION _____

EMPLOYER _____

PHONE _____

EMAIL _____

CURRENT CARRIER

Current carrier _____ Policy # _____

Years with carrier _____ effective dates _____ to _____

HOME INFO

FOUNDATION: SLAB CRAWL SPACE BASEMENT DATE OF PURCHASE _____

% of BASEMENT COMPLETED _____ BASEMENT WALKOUT: YES NO #OF STORIES _____

SQ FT _____ YEAR BUILT _____ CONST TYPE: _____

AGE OF ROOF _____ ROOF MATERIAL _____ HEAT: GAS OR ELECTRIC

PLUMBING UPDATED _____ ELECTRICAL UPDATED _____ HEAT/AIR UPDATED _____

#OF FIREPLACES _____ FIREPLACE: GAS WOOD CLEAN ANNUALLY _____

POOL? YES NO INGROUND OR ABOVE GROUND FENCE HEIGHT _____

PETS? YES NO IF SO WHAT BREED? _____ BITE HISTORY? YES NO

PORCH, DECK, PATIO? IF SO, SQ FOOTAGE OF EACH _____

FLOOR COVERING: ___% CARPET ___% VINYL ___% TILE ___% WOOD

WALL COVERING: ___% WALLPAPER ___% PAINT ___% PANELING ___% BUILT-INS

ALARM? YES NO CENTRAL/LOCAL BURGULARY/FIRE? _____ IF YES, PROVIDER _____

DWELLING COVERAGE:

Current Coverage amount \$ _____ Market Value \$ _____

Deductible \$ _____

Earthquake coverage: YES NO

Umbrella coverage: YES NO

SPECIAL FEATURES:

ADDITIONAL COVERAGES:

Jewelry \$ _____ (will need itemized list with appraisals).

Fur _____

Guns _____

ATV's _____

Watercraft _____

Other _____

Do you have secondary residence? YES NO

If so what address _____

LOSSES:

Have you had any losses in last five years? If so, please explain:

MORTGAGE INFO:

LENDER NAME ADDRESS 1ST/2ND ESCROW LOAN#

