

Personal Quick Quote

Primary Name _____ Spouse Name _____
Address _____
Phone Number _____ Years at Current Address: _____

Type of Coverage: Homeowners Dwelling
Automobile

Homeowners:

Address: _____ Year Built: _____ Living Square Feet _____
Stories _____ Construction: (example: brick, frame etc.) _____ Foundation: slab ___ Piers _____

Original Purchase Price: _____ Purchase Date _____ Preferred Deductible _____
Bedrooms: _____ Bathrooms: _____ Fireplace: Yes _____ No _____ Carport _____ Double _____ Single _____
Garage _____ Double _____ Single _____ Monitored Alarm System: _____

Current Carrier for Homeowners: _____ Expiration Date _____
Have there been any Claims in the last three years: _____ : If yes, please explain: _____

One of the company guidelines is the use of credit scoring. Supplying the below information is your acknowledgment and agreement with these terms.

Primary Owners Name _____ Date of Birth: _____ Social Security #: _____
Secondary Name: _____ Date of Birth: _____ Social Security #: _____

Personal Auto:

Garaging Address: _____
Current Insurance Company: _____ Expiration Date: _____ Years _____

Driver Full Name	Date of Birth	Marital Status	Tickets/Accident (Desc. And Dates) (Within previous five years)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Additional Tickets/Accidents: _____

Vehicle Year	Make	Model	Annual Mileage	Usage (Personal/Business)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Liability Limits (ex: 10/20/10)	Medical	Uninsured Motorist (example: 10/20)	Comprehensive Deductible	Collision Deductible	Rental Reimbursement
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____