# **QUOTE SHEETS**

# **COLLECTING CLIENT INFORMATION**

| Full Name:                 | Occupation:                     |
|----------------------------|---------------------------------|
| Birthdate:                 | Driver's License #:             |
| Primary Address:           |                                 |
| Phone Number:              |                                 |
| Email Address:             |                                 |
| ADDITIONAL INSURED DRIVER: |                                 |
|                            |                                 |
| Full Name:                 | Occupation:                     |
| Full Name: Birthdate:      | Occupation: Driver's License #: |
|                            |                                 |
| Birthdate:                 |                                 |

Mortgagee clause & loan number (if available):

Any discounts available (home alarm, water shut off, gated community)?

18.

19.

| Lilective Date. / / | ve Date: / / |
|---------------------|--------------|
|---------------------|--------------|

### **HOMEOWNERS INFORMATION COLLECTION**

\*Research Home Using: Zillow, Assessor Site, Google, and/or Appraisal if new or recent purchase.

#### **HOME INFORMATION**

| 1.  | Mailing Address (if different)?  |
|-----|--|
| 2.  | Does the insured own, rent, or lease this property?  |
| 3.  | What is the occupancy of your home? Owner occupied? Tenant occupied? Vacant?                     |
| 4.  | Roof replacement year (if any)?  |
| 5.  | Is there a pool (above or below ground)? If yes, is there a fence around the pool?               |
| 6.  | Is there any dogs? If so, what breed and is there any bite history?                              |
| 7.  | Is the home currently insured? If yes, with what carrier?  |
| 8.  | Have any other carriers been quoted?   |
| 9.  | How do you prefer to pay the premium (i.e., escrow paid, insured full pay, insured monthly pay)? |
| 10. | Year built?  |
| 11. | Type of roof?  |
| 12. | Type of siding?  |
| 13. | Square footage?  |
| 14. | Number of levels?  |
| 15. | Type of home (single family, condo, townhome)?   |
| 16. | Any home-based business?   |
| 17. | Name of management company if any?   |

| Effective Date: | / | / |  |
|-----------------|---|---|--|
| Lifective Date. | / | / |  |

# **AUTO INFORMATION COLLECTION**

Mailing Address (if different):

| AD | D | IT | 0 | N | A | L |  | V | S | U | R | = | D |  | D | R | I\ |  |  | R | S | 1 | N | ľ | • | 0 | R | 1 | И | A | U |  | 0 | N |  |
|----|---|----|---|---|---|---|--|---|---|---|---|---|---|--|---|---|----|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|
|----|---|----|---|---|---|---|--|---|---|---|---|---|---|--|---|---|----|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|

| ADDITIONAL INSURED DRIVERS INFORMATION:  |                         |                                |         |            |  |  |  |  |  |
|--|-------------------------|--------------------------------|---------|------------|--|--|--|--|--|
| Name:<br>Date of Birth:<br>Primary Address:<br>Phone Number:<br>Relationship to Insu | red:                    | Occupation:<br>Driver's Licens | se #:   |            |  |  |  |  |  |
|  | ACCID                   | ENTS & MOVING VIOLA            | TIONS   |            |  |  |  |  |  |
| DRIVER:  | DATE:                   | EXPLANATION:                   |         |            |  |  |  |  |  |
| DRIVER:  | DATE:                   | EXPLANATION:                   |         |            |  |  |  |  |  |
| DRIVER:  | DATE:                   | EXPLANATION:                   |         |            |  |  |  |  |  |
| VELUCI E 1 V/N.  | VEHICL                  | E INFORMATION COLLI            | ECTION  |            |  |  |  |  |  |
| VEHICLE 1 VIN:<br>YEAR:  | MAKE:                   | MODEL:                         | USE:    | MILEAGE:   |  |  |  |  |  |
| VEHICLE 2 VIN:<br>YEAR:  | MAKE:                   | MODEL:                         | USE:    | MILEAGE:   |  |  |  |  |  |
| VEHICLE 3 VIN:<br>YEAR:  | MAKE:                   | MODEL:                         | USE:    | MILEAGE:   |  |  |  |  |  |
| VEHICLE 4 VIN:<br>YEAR:  | MAKE:                   | MODEL:                         | USE:    | MILEAGE:   |  |  |  |  |  |
|  | COVERAG                 | E & INSURANCE REQUI            | REMENTS |            |  |  |  |  |  |
| Currently insured?  If so, with wh   | nat carrier?            |                                |         |            |  |  |  |  |  |
| Current coverage lir<br>Liability/Property:  | nits?<br>Medical:       | Comprehensive:                 |         | Collision: |  |  |  |  |  |
| What other carriers  | have you quoted?        |                                |         |            |  |  |  |  |  |
| Is the Insured open  | to participation in a t | elematics program for disco    | unts?   |            |  |  |  |  |  |

Are any of the vehicles used for Uber, Lyft, or other courier service?

<sup>\*\*</sup>Any Motorcycles/ATVs? Razors to quote?

<sup>\*\*</sup>May we provide an Umbrella or Life quote?

## **ADDITIONAL LINES OF INSURANCE**

| <b>BOAT</b><br>Year:    | Make: |                | Model | :                   | Length:     |
|-------------------------|-------|----------------|-------|---------------------|-------------|
| Serial #                |       | Hull Material: |       | Power Type: Inboard | or Outboard |
| Max Engine HP:          |       | Max Speed:     |       | Cost (NEW):         |             |
| <b>TRAILER</b><br>Year: | Make: |                | Model | :                   | Length:     |

#### **PERSONAL FLOATER**

Serial #

Description of Items (Guns, Jewelry, Fine Art)

<sup>\*\*</sup>Amount of Coverage Requested: