



# HOME & AUTO INSURANCE

## QUOTE REQUEST FORM

### GENERAL INFORMATION

FULL NAME :

EMAIL:

PHONE NUMBER:

BIRTHDAY:

HOME ADDRESS:

HOW MANY YEARS IN CURRENT ADDRESS:

PREVIOUS ADDRESS (IF LESS THAN 5 YEARS IN ADDRESS):

PROPOSED EFFECTIVE DATE:

NAME OF CURRENT CARRIER

POLICY EXPIRATION DATE:

TIME W/ CURRENT CARRIER: \_\_\_\_ years \_\_\_\_ months

### HOME SECTION

#### HOME INFORMATION

PROPERTY IS A:  HOUSE  TOWNHOUSE  CONDOMINIUM  
 RENTERS (SKIP TO : PERSONAL PROPERTY, LIABILITY AND DEDUCTIBLE)

YEAR BUILT: PURCHASE DATE: NO. OF OCCUPANTS:

SQUARE FOOTAGE: HOW MANY STORIES: BRUSH AREA:  YES  NO

TYPE OF FOUNDATION:  SLAB  CRAWL SPACE  BASEMENT

CONSTRUCTION TYPE:  FRAME  WOOD  MASONRY  MASONRY VENEER

ROOF TYPE:  SHINGLE  TILE  WOOD SHAKE  METAL  CONCRETE

ROOF SHAPE:  GABLE  HIP  FLAT

HEATING TYPE:  GAS  ELECTRIC  OIL  OTHER

YEAR OF ROOFING UPDATE:

EXTERIOR WALL CONSTRUCTION:  STUCCO  WOOD FRAMING  CONCRETE BLOCK

ELECTRICAL BOX TYPE:  CIRCUIT BREAKER  FUSE BOX

POOL OR JACUZZI:  YES  NO SQUARE FEET:

DIVING BOARD:  YES  NO FENCED:  YES  NO

DISTANCE TO COAST (MILES): HOW FAR FROM FIRE HYDRANT: HOW FAR FROM FIRE STATION:

DO YOU HAVE ANY PETS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY:	WHAT KIND:
STORM SHUTTERS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO ANY OF THE RESIDENTS SMOKE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## HOME COVERAGES (PLEASE SUBMIT A COPY OF YOUR CURRENT POLICY DECLARATION, IF ANY)

A. DWELLING	\$
B. OTHER STRUCTURES	\$
C. PERSONAL PROPERTY	\$
D. LOSS OF USE	\$
E. PERSONAL LIABILITY	\$
F. MEDICAL PAYMENTS	\$
DEDUCTIBLE	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000

## ADDITIONAL INFORMATION

HAVE YOU HAD ANY HOME INSURANCE CLAIMS IN THE PAST 3 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WOULD YOU LIKE AN UMBRELLA QUOTE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WOULD YOU LIKE AN EARTHQUAKE INSURANCE QUOTE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WOULD YOU LIKE AN FLOOD INSURANCE QUOTE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**ADDITIONAL INFORMATION:**

MORTGAGE, PLEASE WRITE BELOW IF ANY:

ADDITIONAL INTEREST, PLEASE WRITE BELOW IF ANY:

## DRIVER INFORMATION

### NAME OF DRIVER 1:

DRIVERS LICENSE / STATE LICENSED	DATE OF BIRTH	MONTH AND YEAR OF US FIRST LICENSE	GENDER	MARITAL STATUS	OCCUPATION	EDUCATION

### NAME OF DRIVER 2:

DRIVERS LICENSE / STATE LICENSED	DATE OF BIRTH	MONTH AND YEAR OF US FIRST LICENSE	GENDER	MARITAL STATUS	OCCUPATION	EDUCATION

### NAME OF DRIVER 3:

DRIVERS LICENSE / STATE LICENSED	DATE OF BIRTH	MONTH AND YEAR OF US FIRST LICENSE	GENDER	MARITAL STATUS	OCCUPATION	EDUCATION

### NAME OF DRIVER 4:

DRIVERS LICENSE / STATE LICENSED	DATE OF BIRTH	MONTH AND YEAR OF US FIRST LICENSE	GENDER	MARITAL STATUS	OCCUPATION	EDUCATION

## VEHICLE INFORMATION

### VEHICLE 1 VIN:

PRIMARY USE OF VEHICLE	PURCHASE DATE	BRAND NEW OR USED	OWN OR LEASE	CURRENT ODOMETER	NO. OF MILES PER YEAR
<input type="checkbox"/> PLEASURE <input type="checkbox"/> WORK					

**VEHICLE 2 VIN:**

PRIMARY USE OF VEHICLE	PURCHASE DATE	BRAND NEW OR USED	OWN OR LEASE	CURRENT ODOMETER	NO. OF MILES PER YEAR
<input type="checkbox"/> PLEASURE <input type="checkbox"/> WORK					

**VEHICLE 3 VIN:**

PRIMARY USE OF VEHICLE	PURCHASE DATE	BRAND NEW OR USED	OWN OR LEASE	CURRENT ODOMETER	NO. OF MILES PER YEAR
<input type="checkbox"/> PLEASURE <input type="checkbox"/> WORK					

**VEHICLE 4 VIN:**

PRIMARY USE OF VEHICLE	PURCHASE DATE	BRAND NEW OR USED	OWN OR LEASE	CURRENT ODOMETER	NO. OF MILES PER YEAR
<input type="checkbox"/> PLEASURE <input type="checkbox"/> WORK					

**VEHICLE 5 VIN:**

PRIMARY USE OF VEHICLE	PURCHASE DATE	BRAND NEW OR USED	OWN OR LEASE	CURRENT ODOMETER	NO. OF MILES PER YEAR
<input type="checkbox"/> PLEASURE <input type="checkbox"/> WORK					

**AUTO COVERAGES**

BODILY INJURY LIABILITY	<input type="checkbox"/> 25/50	<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 250/500	<input type="checkbox"/> 500K/IM
PROPERTY DAMAGE	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000

UNINSURED/UNDERINSURED MOTORIST	<input type="checkbox"/> 25/50	<input type="checkbox"/> 50/100	<input type="checkbox"/> 100/300	<input type="checkbox"/> 250/500	<input type="checkbox"/> 500K/IM
MEDICAL PAYMENTS	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000

Vehicle 1						
COMPREHENSIVE DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
LOAN LEASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FULL GLASS		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLISION DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
UMPD \$3,500	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
TOWING AND LABOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
CAR RENTAL	<input type="checkbox"/> No coverage	<input type="checkbox"/> 30/900	<input type="checkbox"/> 40/1200	<input type="checkbox"/> 50/1500		

Vehicle 2						
COMPREHENSIVE DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
LOAN LEASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FULL GLASS		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLISION DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
UMPD \$3,500	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
TOWING AND LABOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
CAR RENTAL	<input type="checkbox"/> No coverage	<input type="checkbox"/> 30/900	<input type="checkbox"/> 40/1200	<input type="checkbox"/> 50/1500		

Vehicle 3						
COMPREHENSIVE DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
LOAN LEASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FULL GLASS		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLISION DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
UMPD \$3,500	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
TOWING AND LABOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
CAR RENTAL	<input type="checkbox"/> No coverage	<input type="checkbox"/> 30/900	<input type="checkbox"/> 40/1200	<input type="checkbox"/> 50/1500		

Vehicle 4						
COMPREHENSIVE DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
LOAN LEASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FULL GLASS		<input type="checkbox"/> YES	<input type="checkbox"/> NO

COLLISION DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
UMPD \$3,500	<input type="checkbox"/> YES <input type="checkbox"/> NO					
TOWING AND LABOR	<input type="checkbox"/> YES <input type="checkbox"/> NO					
CAR RENTAL	<input type="checkbox"/> No coverage	<input type="checkbox"/> 30/900	<input type="checkbox"/> 40/1200	<input type="checkbox"/> 50/1500		

Vehicle 5						
COMPREHENSIVE DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
LOAN LEASE	<input type="checkbox"/> YES <input type="checkbox"/> NO		FULL GLASS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLISION DEDUCTIBLE	<input type="checkbox"/> No coverage	<input type="checkbox"/> 100	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 750	<input type="checkbox"/> 1,000
UMPD \$3,500	<input type="checkbox"/> YES <input type="checkbox"/> NO					
TOWING AND LABOR	<input type="checkbox"/> YES <input type="checkbox"/> NO					
CAR RENTAL	<input type="checkbox"/> No coverage	<input type="checkbox"/> 30/900	<input type="checkbox"/> 40/1200	<input type="checkbox"/> 50/1500		

**ADDITIONAL INFORMATION:**

LIENHOLDER, PLEASE WRITE BELOW IF ANY: