



Home and Auto Quote Form

This is a request for a quotation for automobile and property insurance. It is not an application for insurance. To expedite your quote, please provide the following information.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ SSN: _____

Email: _____

Automobile:

| Vehicle Year | Make | Model | One-Way Commute/Annual Mileage | Business Use (Yes/No) |
|--------------|------|-------|--------------------------------|-----------------------|
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Drivers in Household:

| Name | Date of Birth | Married/Single | Relationship to you | License # |
|------|---------------|----------------|---------------------|-----------|
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Driving history (past 5 years)

Has any driver had his/her license suspended or revoked? ☐ Yes ☐ No

If yes, please explain who, when and why: _____

Any accident or motor vehicle convictions in the past five years whether you or someone else was at fault?

Please list driver, date of incident and type of incident. _____

List all fire, theft, glass and/or vandalism losses. _____

Present Insurance Co: _____ Expiration Date: _____ Annual Premium: \$ _____

Current Liability Limits: _____

This is not an application for insurance. This form is only an attempt to gather some of the information necessary to process your quote, and actual information used will vary by state.

As allowed by law, we will ask for credit and other consumer reports from consumer reporting agencies concerning your application for insurance or any renewal of insurance. These may include driving records, claim history reports and credit based insurance score.

Property:

☐ Home Yr. Built: _____ Style/Number of stories: _____ Bedrooms: _____

☐ Built-in Garage Garage size: _____ Homes Square Footage: _____ Bathrooms: _____

☐ Condominium or Co-op

☐ Renters (Please check one)

Month/Year of Purchase: _____

Is the Home a ☐ Primary Residence ☐ Secondary Residence

Number of months not occupied in a year: _____

Number of mortgages: _____

Construction: ☐ Wood Exterior ☐ Brick Veneer ☐ Solid Brick/Masonry ☐ Aluminum/Vinyl Siding

☐ Log Home ☐ Manufactured Home

Roof Covering Type: ☐ Asphalt Shingles ☐ Tiles/Slate ☐ Steel ☐ Other: _____

Date the Roof was Updated: _____

Date the plumbing was updated: _____

Date the wiring was updated: _____

Date the hot water tank was updated: _____

Primary Source of Heat: ☐ Oil ☐ Gas ☐ Electric ☐ Other: _____

Alternative Source of Heat: ☐ Wood/Coal/Pellet Stove ☐ Space Heater ☐ Other: _____

Feet from hydrant: _____ Miles to fire station: _____

Protection Devices: ☐ Smoke Detector ☐ Fire Extinguisher ☐ Dead Bolt Locks ☐ Monitored Fire Alarm

☐ Monitored Burglar Alarm

Present Insurance Co: _____ Expiration Date: _____

Current Coverage Amt: \$ _____

Any losses in the last five years? If yes, please explain:

By providing a telephone number and submitting this form you are consenting to be contacted by SMS text message. Message and Data Rates may apply. You can STOP messaging by sending STOP and get more help by sending HELP.