



Family Protection

Family Members & Date of Birth:

- 1.
- 2.
- 3.
- 4.

Are there any residents away at school?

Any roomers or boarders present?

Do you have any household employees?

Any board positions held?

What hobbies or activities do you and your family enjoy?

Do you run any type of business out of your home?

Any property used for business use?

How often do you travel?

Is your property unoccupied for extended periods?

Do you have any pets?

Bread information

Do you have a pool or hot tub?

Is it locked and/or fenced?

Do you have a trampoline or skate ramp?

Do you have any unlicensed motorized vehicles, ie: ATVs, Dirt Bikes, Snowmobiles...?

Do you own any boats or watercraft?

Do you own or rent any other properties?

Do you currently carry an Umbrella Policy?

Coverage Level:

Homeowner's

Is the property titled in your personal name(s)?

Is the property address the same as your mailing address?

Location Address:

County:

Who is your existing homeowner's insurance with?

Effective/Closing date:

Mortgagee:

Mortgagee Paid?

List any claims in the past five years?

Are you within the city limits?

Who is the nearest fire department?

Miles:

Hydrant:

What year was your home built?

What style of home do you have, 1 story, 2 story, tri-level, ect?

Foundation Type: Basement _____ Daylight? What percentage is finished: _____
Crawl Space: _____ Slab: _____

Exterior

What is the exterior of the home, ie: wood siding, aluminum, vinyl, masonry brick, brick/stone veneer, stucco?

Roof Type ie asphalt, wood, tile:

Number of car garage?

Do you have a porch or wood deck?

Open, Screened, enclosed, covered: _____ Square Feet: _____

Do you have any unattached structures?

Do you have any unique lawn or garden structures?

Do you have any specialty features to your home such as...

Atrium Windows, Picture Windows, Bay Windows

Atrium Doors, Sliding Glass Doors, Skylights,

Alternative Heat Source, Other: _____

Interior

Number of Kitchens:

Builder's Grade, Custom, Designer

Number of Full Baths:

Number of Half Baths:

Heat Type: Gas, Electric, Radiant

Do you have Air Conditioning?

Wall Coverings: Paint _____% Wallpaper _____% Other _____%

Flooring: Hardwood _____% Carpet _____% Vinyl _____%
 Ceramic _____% Other _____%

Do you have a fireplace?

Is it wood burning or gas?

Do you have any special features?

French Doors, Hot Tub, Jacuzzi, Wet Bar, Interior Sprinkler System,
Central Station Fire & Burglar Alarm, Central Vacuum, Other: _____

Valuable Items

Do you need additional coverage above what the policy offers for

Jewelry: _____

Fine Art: _____

Firearms: _____

Antiques or Appreciating Collectible Property: _____



AUTO INFORMATION

| | | | |
|-----------------|----------|-----------------|--------------------------|
| Current Carrier | How Long | Expiration Date | Current Liability Limits |
|-----------------|----------|-----------------|--------------------------|

Drivers: Please list all licensed drivers in the household or who regularly use your vehicles

| Driver | Birth Date | Drivers License Number | Marital Status | Student w/ B avg or better? | Any Drivers Training completed? | Please list any traffic violations, including date and description in the past 5 years. |
|--------|------------|------------------------|----------------|-----------------------------|---------------------------------|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Claims

| Driver | Date | Accident/Claim Description |
|--------|------|----------------------------|
| 1 | | |
| 2 | | |

Automobiles

| Year | Make | Model | VIN | Operator | Commute one-way | Anti-Lock Brakes? | Anti-Theft? | Comprehensive Deductible | Collision Deductible |
|------|------|-------|-----|----------|-----------------|-------------------|-------------|--------------------------|----------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

Coverage

| | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> 100/300/100 <input type="checkbox"/> 250/500/100 <input type="checkbox"/> 300,000 Combined Limit <input type="checkbox"/> 500,000 Combined Limit | <input type="checkbox"/> Reject <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> _____ | <input type="checkbox"/> Match Liability Limits <input type="checkbox"/> Reject | <input type="checkbox"/> 30/900 <input type="checkbox"/> 40/1200 <input type="checkbox"/> 50/1500 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Payments | Uninsured Motorist | Towing | Rental car coverage | Full Glass (if available) |

Any autos used for business or to transport goods or people for hire? N Y, Specify Vehicle & Activities _____

Any vehicles with after-market equipment? N Y, Describe, specify vehicle and value _____

Does any household member have a vehicle furnished for regular use (e.g. by employer)? N Y, Specify driver: _____

Are any household members away at school more than a 100 miles away without a vehicle? N Y, Specify driver and school _____