



Auto & Home Quote Worksheet

Date:
Referred By:

Instructions:

- Please print clearly and provide as much information as possible. Use (mm/dd/yyyy) when completing all date fields.
- Return completed worksheet using the instructions at the bottom of page 2.

Driver 1 (Main Policy Holder)

First Name		MI	Last Name		Social Security Number
Current Address					
City			State		Zip Code
Home Phone Number		Cell Phone Number		Work Phone Number	
Do You Have a Homeowners Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Rent	<input type="checkbox"/> Own	How Long at Current Address	
Current Insurance Company					Policy Number
How Long with Current Company	Expiration Date	Prior Limits		Can You Provide Documentation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Filed for Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No			When		
Driver's License No.	State	Date of Birth	Sex	Marital Status	
Any Tickets in the Past 3 Years List Dates <input type="checkbox"/> Yes <input type="checkbox"/> No		Good Student Driver <input type="checkbox"/> Yes <input type="checkbox"/> No GPA			
Any Accidents in the Past 3 Years List Dates <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's Education Course <input type="checkbox"/> Yes <input type="checkbox"/> No Date Driver Training Class <input type="checkbox"/> Yes <input type="checkbox"/> No Date			
Current Employer		How Long	Occupation		Education Level

Driver 2

First Name		MI	Last Name		Social Security Number
Driver's License No.	State	Date of Birth	Sex	Marital Status	
Any Tickets in the Past 3 Years List Dates <input type="checkbox"/> Yes <input type="checkbox"/> No		Good Student Driver <input type="checkbox"/> Yes <input type="checkbox"/> No GPA			
Any Accidents in the Past 3 Years List Dates <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's Education Course <input type="checkbox"/> Yes <input type="checkbox"/> No Date Driver Training Class <input type="checkbox"/> Yes <input type="checkbox"/> No Date			
Current Employer		How Long	Occupation		Education Level

Auto & Home Quote Worksheet (continued)

List all Children or Others of Driving Age Living in the Household

First Name		MI	Last Name		Social Security Number	
Driver's License No.	State	Date of Birth	Sex	Add This Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Exclude This Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	

First Name		MI	Last Name		Social Security Number	
Driver's License No.	State	Date of Birth	Sex	Add This Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Exclude This Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	

First Name		MI	Last Name		Social Security Number	
Driver's License No.	State	Date of Birth	Sex	Add This Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	Exclude This Driver <input type="checkbox"/> Yes <input type="checkbox"/> No	

Vehicle Information

Vehicle Year		Make	Model	
Vin Number		Use	Days Per Week	
<input type="checkbox"/> Lienholder	Bank			

Vehicle Year		Make	Model	
Vin Number		Use	Days Per Week	
<input type="checkbox"/> Lienholder	Bank			

Vehicle Year		Make	Model	
Vin Number		Use	Days Per Week	
<input type="checkbox"/> Lienholder	Bank			

Vehicle Coverage

Vehicle 1		Vehicle 2		Vehicle 3	
Liability:		Liability: N/A		Liability: N/A	
Bodily Injury		Bodily Injury	N/A	Bodily Injury	N/A
Property Damage		Property Damage	N/A	Property Damage	N/A
Medical:		Medical: N/A		Medical: N/A	
Uninsured Motorist:		Uninsured Motorist: N/A		Uninsured Motorist: N/A	
Bodily Injury		Bodily Injury	N/A	Bodily Injury	N/A
Property Damage		Property Damage	N/A	Property Damage	N/A
Underinsured Motorist:		Underinsured Motorist: N/A		Underinsured Motorist: N/A	
Bodily Injury		Bodily Injury	N/A	Bodily Injury	N/A
Property Damage		Property Damage	N/A	Property Damage	N/A
Comprehensive:		Comprehensive:		Comprehensive:	
Collision:		Collision:		Collision:	
Personal Injury Protect:		Personal Injury Protect: N/A		Personal Injury Protect: N/A	
Accidental Death		Accidental Death	N/A	Accidental Death	N/A
Work Loss		Work Loss	N/A	Work Loss	N/A
Towing:		Towing:		Towing:	
Rental:		Rental:		Rental:	

Auto & Home Quote Worksheet (continued)

Home Information

Year Built	City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Brick or <input type="checkbox"/> Frame	<input type="checkbox"/> One Story or <input type="checkbox"/> Two Story	Base Floor Square Feet	2 nd Floor Square Feet	
No. of Bedrooms -	No. of Bathrooms -	Dwelling: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space		Stucco: <input type="checkbox"/> EIFS <input type="checkbox"/> SYN	Counter Tops: <input type="checkbox"/> Tile <input type="checkbox"/> Granite	
Style of Home		<input type="checkbox"/> Car Port or <input type="checkbox"/> Garage ▶	No. of Spaces	<input type="checkbox"/> Porch <input type="checkbox"/> Deck	Sq. Ft. Sq. Ft.	Wall Covering(s): (indicate percent) <input type="checkbox"/> Kitchen % <input type="checkbox"/> Bath % <input type="checkbox"/> Other (Explain)
Flooring: (indicate percent) <input type="checkbox"/> Wood % <input type="checkbox"/> Carpet % <input type="checkbox"/> Tile %			<input type="checkbox"/> Central Air and Heat	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Fireplace	
List of Mortgage(s)			<input type="checkbox"/> Window Unit(s)	<input type="checkbox"/> Wall Furnace	<input type="checkbox"/> Woodburning Stove	
Any Custom Items (explain) ▶ ▶ ▶ ▶ ▶ ▶ <input type="checkbox"/> Basement <input type="checkbox"/> Structures <input type="checkbox"/> Storage Building <input type="checkbox"/> Well House <input type="checkbox"/> Garage Apartment <input type="checkbox"/> Other Items						

Is Current Insurance Being non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why?	
Any Claims Filed in the Past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Dates	
Current Insurance Company		
Policy Number	Current Dwelling Coverage \$	Current Deductible \$
How Long with Current Company	Expiration Date	Can You Provide Documentation <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Coverage or Schedules

<input type="checkbox"/> Dwelling Value	\$	Deductible	\$	Medical Payments	\$	
<input type="checkbox"/> Liability Limits	\$	Additional Rental Property		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any Farm Exposure (explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business on Premises (explain)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Schedules Needed (estimate dollar amount) <input type="checkbox"/> Jewelry \$ <input type="checkbox"/> Guns \$ <input type="checkbox"/> Antiques \$ <input type="checkbox"/> Furs \$ <input type="checkbox"/> Other (explain) \$			<input type="checkbox"/> All Terrain Vehicles How Many:	Motorcycles: <input type="checkbox"/> Dirt <input type="checkbox"/> Street Legal How Many:	Watercraft: <input type="checkbox"/> Boat <input type="checkbox"/> Jet Ski(s) How Many:	

Auto & Home Quote Worksheet (continued)

Liability Items

<input type="checkbox"/> Dogs How Many: Type(s):		<input type="checkbox"/> Unusual Pets (Explain)	Is Flood Insurance Required? (If Yes, Elevation Certificate or Flood Zone Needed) <input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool: <input type="checkbox"/> Inground <input type="checkbox"/> Above Ground <input type="checkbox"/> Slide <input type="checkbox"/> Diving Board <input type="checkbox"/> Fenced Yard Around Pool	Spa / Hot Tub: <input type="checkbox"/> Free Standing <input type="checkbox"/> Attached to Pool <input type="checkbox"/> Spa Cover <input type="checkbox"/> Trampoline	<input type="checkbox"/> Fire Extinguisher(s) How Many: Where Stored:	Fire Hydrant On Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No How far to Nearest Hydrant? How close is the Nearest Fire Station?
<input type="checkbox"/> Smoke Alarm(s) How Many: Where:	<input type="checkbox"/> Carbon Monoxide Detector How Many: Where:	<input type="checkbox"/> Central Alarm System: <input type="checkbox"/> Monitored <input type="checkbox"/> Not Monitored	<input type="checkbox"/> Dead Bolt Locks

Recent Updates to the Home (approximate date mm/dd/yyyy of update)

<input type="checkbox"/> Roof <input type="checkbox"/> Wiring	<input type="checkbox"/> Central Air and Heat <input type="checkbox"/> Plumbing	<input type="checkbox"/> Other (explain)
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