

HOMEOWNERS INSURANCE QUOTE

NAME: _____ SPOUSE _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____

MAILING ADDRESS & PHYSICAL ADDRESS SAME?: _____

SS #: _____ / _____ DOB: _____ / _____

Year of Construction	Construction Type	Square Footage	# Stories	Primary/Seasonal	Primary Heat	Bedrooms Bathrooms	# cars Garage
_____	_____	_____	_____	_____	_____	_____ /_____ _____	_____
Roof Type	Age of Roof	Shape Roof	Hurricane Shutters	Alarm/Fire System	Screened Open Patio (size)	Golf/ Patio (size)	Boat
_____	_____	_____	_____	_____	_____	_____	_____
Swimming Pool	Diving	Slide	Trampoline	More than 5 acres			
_____	_____	_____	_____	_____	_____	_____	_____

AGE MORE THAN 25? PLUMBING _____ ELECTRIC _____ HEAT A/C _____ ROOF _____ 4 POINT INSPECTION? _____

Upgrades: Kitchen _____ Bathroom _____ (Marble or Granite)

Animals: _____ Bite History? _____

ANY SCHEDULED ITEMS: _____

CURRENT INS. CO.? _____ EXPIRATION DATE: _____

CLAIMS / LOSSES REPORTED? _____

FLOOD INSURANCE COMPANY: _____

CURRENT MORTGAGE CO / ADDRESS / LOAN _____

CURRENT OCCUPATION: _____

ANY BUSINESS CONDUCTED AT HOME? _____

HOW DID YOU HEAR ABOUT US? / REFERRAL SOURCE: _____

INFO TAKEN BY: _____ DATE: _____

ASSIGNED TO: _____

BOAT / WATERCRAFT INSURANCE QUOTE

NAME: _____

PHONE #: _____

ADDRESS: _____

GARAGING : _____

HOMEOWNER?: _____ MARRIED?: _____

AUTO POLICY: _____

INSURED	SS#	DOB	DL#
_____	_____	_____	_____

BOAT / WATERCRAFT: YEAR / MAKE / MODEL	DESCRIPTION	SERIAL NUMBER (Hull ID)
_____	_____	_____

HULL INFO: HULL LENGTH	HULL MATERIAL	TOTAL VALUE (incl trailer)
_____	_____	_____

# OF MOTORS	REGISTRATION NUMBER
_____	_____

TOTAL HORSEPOWER	MAX SPEED	PROPULSION TYPE (OUTBOARD / INBOARD)
_____	_____	_____ (OUTBOARD / INBOARD)

LOSS PAYEE: _____

TRAILER: YEAR / MAKE / MODEL	DESCRIPTION	REGISTRATION NUMBER
_____	_____	_____

LIMITS REQUESTING: BI: _____ PD: _____ UB: _____

COMP & COLL. DEDUCTIBLE: _____ MED PAY: _____ PE: _____

WATER TOW: _____ BAHAMAS: _____ ROADSIDE: _____

ADDITIONAL EQUIP. (fishing, scuba, etc.): _____

RENTAL?: _____ TOWING?: _____

COVERAGE REQUESTED (pip & bodily injury required?) _____

ACCIDENTS / VIOLATIONS / ARRESTS? _____

REFERRAL SOURCE: _____

INFO TAKEN BY: _____ DATE: _____

COMMERCIAL LIABILITY & PROPERTY QUOTE

REGISTERED CORPORATE NAME: _____

PHONE #: _____ FAX #: _____ EMAIL: _____

CONTACT PERSON: _____ TAX ID #: _____ YEARS IN BUSINESS _____

NATURE OF BUSINESS: _____

ADDRESS: _____

OWNERS	SS#	DATE OF BIRTH	% OF OWNERSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL NUMBER OF EMPLOYEES: _____ TOTAL PAYROLL: \$ _____

YEARLY GROSS RECEIPTS: \$ _____ SQUARE FOOTAGE OCCUPIED: _____

CURRENT LIABILITY CARRIER: _____ EXP DATE: _____

BUILDING VALUE: \$ _____ CONTENTS VALUE: \$ _____

EQUIPMENT TO INCLUDE FOR PROPERTY COVERAGE:

<u>EQUIPMENT</u>	<u>VALUE</u>
_____	_____
_____	_____
_____	_____

CURRENT PROPERTY CARRIER: _____ ANY LOSSES IN THE PAST 3 YEARS: _____
Letter on company letterhead stating no losses if none obtained _____ Past 3 years loss runs ordered _____

CURRENT W/C CARRIER: _____ EXP DATE: _____

CURRENT GROUP HEALTH CARRIER: _____ EXP DATE: _____

CURRENT ACCIDENT / DISABILITY CARRIER: _____ EXP DATE: _____

CURRENT COMMERCIAL AUTO CARRIER: _____ EXP DATE: _____

ADDITIONAL INFORMATION: _____

BUILDERS RISK QUOTE

OFFICIAL CORPORATE NAME: _____

PHONE #: _____ FAX #: _____

CONTACT PERSON: _____

NATURE OF BUSINESS: _____

ADDRESS: _____

OF YEARS IN BUSINESS: _____ TAX ID #: _____

PROPERTY ADDRESS: _____

LENGTH OF TIME TO POSSES PROPERTY: _____

CONSTRUCTION: _____

VALUE OF PROPERTY: _____

SUBCONTRACTORS: _____

LOSSES IN PAST 3 YEARS: _____

LETTER ON COMPANY LETTERHEAD STATING NO LOSSES IF NONE
PAST 3 YEARS LOSS RUNS (HISTORY OF LOSSES FROM PREVIOUS / EXISTING COMPANY)

CURRENT LIABILITY / PROPERTY COVERAGE: _____
COVERAGE REQUESTING: _____

CURRENT WC COVERAGE: _____
CURRENT GROUP HEALTH COVERAGE: _____
CURRENT ACCIDENT (AFLAC) COVERAGE: _____
CURRENT AUTO COVERAGE: _____
CURRENT LIFE COVERAGE: _____

ADDITIONAL INFORMATION: _____

REFERRAL SOURCE: _____

INFO TAKEN BY: _____ DATE: _____

COMMERCIAL
AUTO INSURANCE QUOTE

COMPANY NAME: _____
CONTACT NAME: _____
NATURE OF BUSINESS: _____
ORGANIZATION TYPE: _____

PHONE #: _____
ADDRESS: _____
GARAGING ADDRESS: _____

DRIVER	SS#	DOB	MARRIED	DL#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CAR MAKE /MODEL/TYPE	CAR VIN	STATED AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEATURES (ALARMS, ABS, AIRBAGS): _____

LOSS PAYEE ADDRESS: _____
LOSS PAYEE #2: _____
LOSS PAYEE #3: _____

PRIMARY USE: _____ RADIUS: _____ DELIVERIES/JOB SITES PER DAY _____
TYPE OF TRAILER HITCH _____ TRAILERS: MAKE & MODEL: _____

CARRIER OF PRIOR COVERAGE: _____
PREVIOUS POLICY NUMBER: _____ EXPIRATION DATE: _____

LIMITS REQUESTING: BI: _____ PD: _____ UM: _____
COMP & COLL. DEDUCTIBLE: _____ MED PAY: _____ WORK LOSS: _____
TOWING: _____ RENTAL: _____ PIP DED: _____
ADDITIONAL EQUIP.: _____
CURRENT COMMERCIAL LIABILITY / PROPERTY INS. _____
CURRENT WC INS: _____
CURRENT GROUP HEALTH INS. _____
CURRENT ACCIDENT / DISABILITY INS. _____
CURRENT LIFE INS CARRIER: _____

ADDITIONAL INFORMATION: _____

REFERRAL SOURCE: _____
INFO TAKEN BY: _____ DATE: _____

AUTO INSURANCE QUOTE

NAME: _____

PHONE # _____ EMAIL: _____

ADDRESS: _____

GARAGING ADDRESS: _____

HOMEOWNER?: _____ MARRIED? _____

<u>INSURED</u>	<u>SS#</u>	<u>DOB</u>	<u>DRIVERS LICENSE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENTS / VIOLATIONS / ARRESTS? _____

<u>CAR YEAR / MAKE / MODEL</u>	<u>VIN</u>
_____	_____
_____	_____
_____	_____

PRIOR COVERAGE: _____ EXP DATE: _____

LIMITS REQUESTING:

<u>Bodily Injury</u>	<u>Prop Damage</u>	<u>U/M</u>	<u>Comprehensive Ded</u>	<u>Collision Ded</u>	<u>Med Pay</u>
_____	_____	_____	_____	_____	_____

TOWING: _____ RENTAL: _____ PIP DED: _____

CURRENT HOMEOWNERS INS. CARRIER: _____

HOW DID YOU HEAR ABOUT US? / REFERRAL SOURCE: _____

INFO TAKEN BY: _____ DATE: _____

ASSIGNED TO: _____