



Agent: _____

Personal Quote Sheet

General Information

Name: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Occupation: _____ Marital Status: _____
 Spouse Name: _____ Spouse Occupation: _____

Driver List

Name	Sex	Date of Birth	Driver License #	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If applicable, do your teenage drivers qualify for a good student discount (3.0 GPA or above)? Yes No

Accidents/Tickets for Past 5 Years (Details & Dates)

Vehicle Information

Make/Model	Year	VIN #	Assigned Driver	Work/Pleasure (miles)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Insurance Carrier: _____ Annual Premium: \$ _____

Policy #: _____ Policy Expiration Date: _____

Months with Current Carrier: _____

Liability:

Property Damage:

Uninsured/Underinsured Motorist:

Comprehensive Deductible:

Collision Deductible:

Personal Injury Protection: _____ Towing: _____ Rental Car: _____ Amount Per Day: _____

Homeowners/Renters Quote Information

Address: _____ Year Built: _____ City: _____ State: _____ Zip: _____

Months at Current Address: _____ Prior Address if less than 3 Years: _____

% of Basement Finished: _____ Stories: _____ Roof Type: _____

Construction:

Exterior:

Heating System:

Auxiliary Heat:

Fireplace:

Garage:

_____ Car Garage

Burglar & Fire Alarm:

Smoke Detector:

Miles to Fire Station: _____

Feet to Fire Hydrant: _____

Dwelling Amount Coverage: \$ _____

Personal Liability:

Deductible:

Current Insurance Carrier: _____ Annual Premium: \$ _____

Policy #: _____ Policy Expiration Date: _____

Do you have a mortgage? Yes No

Do you have a dog(s)? Yes No If yes, what breed(s)? _____

Do you have a trampoline? Yes No If yes, is the yard fenced? Yes No

Do you have a swimming pool? Yes No If yes, is the yard fenced? Yes No

Claims for last 5 Years (Details & Dates)

Additional Information

Are you interested in a Personal Umbrella Policy? Yes No Need More Info

Do you own any of the following? (Please check all that apply)

OHV Motorcycle Classic Car Watercraft RV Business Rental Properties

If you own any of the "toys" listed above, please list the "toy" information below:

Make/Model	Year	VIN /Serial #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes

