



**Personal Lines Automobile Questionnaire**

Named Insured \_\_\_\_\_

Spouse/ 2<sup>nd</sup> Named Insured (If applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone # \_\_\_\_\_

**Automobile Quote: (Please return with a copy of your current policy)**

Driver #1: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date First Licensed \_\_\_\_\_

Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Accidents & Violations in last 5 years? \_\_\_\_\_

Primary Car Driven \_\_\_\_\_ Miles To Work/School Each Way \_\_\_\_\_

Driver #2: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date First Licensed \_\_\_\_\_

Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Accidents & Violations in last 5 years? \_\_\_\_\_

Primary Car Driven \_\_\_\_\_ Miles To Work/School Each Way \_\_\_\_\_

Driver #3: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

License # \_\_\_\_\_ Date Licensed \_\_\_\_\_ Occupation \_\_\_\_\_ Usage \_\_\_\_\_

SSN \_\_\_\_\_ Primary Car Driven \_\_\_\_\_ Driver Training? \_\_\_ Good Student \_\_\_

Accidents & Violations in last 5 years? \_\_\_\_\_

Any other auto insurance in the household (explain)? \_\_\_\_\_



**Personal Lines Homeowners Questionnaire**

Named Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse/2<sup>nd</sup> Named Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone # \_\_\_\_\_

**Homeowners Quote: (Please return with a copy of your current policy)**

Year Built: \_\_\_\_\_ Miles From Fire Dept. \_\_\_\_\_ Feet From Hydrant \_\_\_\_\_ # of Stories \_\_\_\_\_

Construction Type: (Brick/Frame/Stone/Siding) \_\_\_\_\_ Square Footage: \_\_\_\_\_

Style of Home: (Ranch, Split Level, Colonial) \_\_\_\_\_ Electric: Circuit Breakers or Fuses.

Type of Heat: (Gas, Oil, Electric, Hot Water) \_\_\_\_\_ Age of Furnace \_\_\_\_\_

Age of Roof: \_\_\_\_\_ Roof Material: (Asphalt Shingle, Slate, Metal) \_\_\_\_\_ Flat Roof? Y/N

Plumbing: Copper/Plastic? Last Updated? \_\_\_\_\_ Knob & Tube or Aluminum Wiring? Y/N

Basement: Yes/No. Finished or Unfinished? Garage: Basement/Detached/Attached? # Cars \_\_\_\_

Central Station Burglar/Fire Alarm System: Yes/No. Any Dogs? Yes/No Breed: \_\_\_\_\_

Trampolines? Y/N. Swimming Pool? Y/N. (Above or Inground). Is Pool Fenced In? Y/N

Is This Property Owner Occupied, Secondary Residence, Seasonal or Rental?

Any business conducted on the Premises? Yes/No If yes, what type? \_\_\_\_\_

Fireplaces? \_\_\_\_\_ Wood Burning Stove? Y/N If yes, was it installed professionally? Y/N

Any scheduled jewelry, fine art, silverware, collectibles, wine etc.? \_\_\_\_\_

Any losses in the last 5 years? If so, type of loss \_\_\_\_\_

Are you interested in: Mine Subsidence coverage? Y/N Flood Insurance? Y/N Identity Theft? Y/N Water Backup/Sewers/Drains? Y/N Laptop Computer Coverage? Y/N Umbrella? Y/N