

## Auto/Home/Umbrella Insurance Evaluation

### General Information

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ E-mail Address \_\_\_\_\_

School District/Building \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Best Time To Call \_\_\_\_\_

Applicant's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years \_\_\_\_\_

Spouses's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years \_\_\_\_\_

### Home/Renters/Condo Insurance

#### Underwriting Information

Policy type: Homeowners Renters Condominium Dwelling/Fire

Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If not a single family dwelling, how many units are in the building? \_\_\_\_\_

Miles to nearest responding fire department: \_\_\_\_\_ Name of responding fire department: \_\_\_\_\_

Distance in feet to the nearest fire hydrant: \_\_\_\_\_ Any farm activities?  Yes  No

If your home is more than 50 years old, indicate the year the following items were updated:

Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_ Heating System: \_\_\_\_\_

Did you have any losses in the last three years? If yes, please explain.

Yes  No \_\_\_\_\_

Do you own any other property?  Yes  No If yes, use the Remarks section to explain.

Do you use a wood/coal burning stove/furnace?  Yes  No Is it a primary heat source?  Yes  No

Do you have a monitored fire/burglary system?  Yes  No

Do you have a fireplace insert in your home?  Yes  No Number of smoke detectors in your home? \_\_\_\_\_

Do you have any outbuildings other than the garage? (Shed, fence, etc.) If yes, please explain.

Yes  No \_\_\_\_\_

Do you use your home for business? If yes, please explain.

Yes  No \_\_\_\_\_

Does your home have at least 100 amp electrical service?  Yes  No

Do you have any of the following? If yes, please circle: Trampoline Skate ramp Swimming pool – Is it fenced?  Yes  No

Do you own a dog?  Yes  No Breed \_\_\_\_\_ Has it ever bitten anyone?  Yes  No

## Home Rating & Coverage Information

Year home was built: _____	
Square feet of home only (excluding basement): _____	Central air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of exterior walls: <input type="checkbox"/> Siding or shingle _____%	<input type="checkbox"/> Brick _____% <input type="checkbox"/> Stucco _____% <input type="checkbox"/> Native stone _____%
(List all that apply and percentage)	<input type="checkbox"/> Plywood or hardboard _____% <input type="checkbox"/> Cedar siding _____% <input type="checkbox"/> Masonry veneer _____%
<input type="checkbox"/> Other _____	
Style of home: <input type="checkbox"/> 1 story <input type="checkbox"/> 1½ story <input type="checkbox"/> 2 story <input type="checkbox"/> 2½ story <input type="checkbox"/> Bi-level <input type="checkbox"/> Tri-level	
Garage: <input type="checkbox"/> 1 car <input type="checkbox"/> 2 car <input type="checkbox"/> 3 car / <input type="checkbox"/> Attached <input type="checkbox"/> Detached / Any living space above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attic? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it finished? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Walkout _____% of finished portion	
Breezeway? <input type="checkbox"/> Open wall <input type="checkbox"/> Enclosed wall _____sq. ft. 3 room addition _____sq. ft.	
Porch? <input type="checkbox"/> Open wall <input type="checkbox"/> Enclosed wall / <input type="checkbox"/> 1 story <input type="checkbox"/> 1 story with sundeck <input type="checkbox"/> 2 story _____sq. ft.	
Balcony or deck? _____sq. ft. Sky lights? How many? _____	
Fireplace: Gas or wood burning Number of fireplaces _____ Number of chimneys _____	
Number of bathrooms: Full baths _____ ¾ baths _____ ½ baths _____	
Other special features: Atrium, picture, bay, or bow windows? <input type="checkbox"/> Yes <input type="checkbox"/> No Sliding glass doors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
French doors? <input type="checkbox"/> Yes <input type="checkbox"/> No Hot tub? <input type="checkbox"/> Yes <input type="checkbox"/> No Jacuzzi? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Solar panels? <input type="checkbox"/> Yes <input type="checkbox"/> No Wet bar? <input type="checkbox"/> Yes <input type="checkbox"/> No Central vacuum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior: _____% Ceramic tile _____% Hardwood _____% Carpet _____% Vinyl _____% Other	

Home structure currently insured for: \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Renters/Condo – Personal property insured for: \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Loss assessment amount: \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Do you own any recreational vehicles? (i.e., boat, four-wheeler, snowmobile)  Yes  No If yes, please list the following:

Year	Make/Model	Horsepower or CC's	Current Value	Serial Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scheduled items – If you want to purchase additional property coverage for your valuable items, please list the items and their values (i.e., jewelry, fine art, guns). An appraisal is required for items valued over \$2,500.

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Do you want additional coverage for personal injury?  Yes  No

Do you want Back-Up Sewer and Drain Coverage?  Yes Limit \_\_\_\_\_  No

## Auto Insurance

Current carrier: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### Driver Information

Driver Name	License No.	DOB	Marital Status	Male or Female	Miles To Work (one way)	Annual Miles	Good Student* Y/N
1.							
2.							
3.							
4.							
5.							

\*Full-time student up to age 25, carrying 12 or more credits, with a 3.0 GPA in most recently completed quarter or semester.

### Violation/Accident Information (report for last 5 years)

Driver #	Date	Description	Violations/Approx. Amount of Damage

### Vehicle Information (vehicles titled in your name)

Year	Make	Model	VIN #	Lienholder
Car 1:				
Car 2:				
Car 3:				
Car 4:				

Are any of the vehicles used for business purposes?  Yes  No

If yes, please explain: \_\_\_\_\_

Are any student drivers in college and more than 100 miles from home without a vehicle?  Yes  No

If yes, please explain: \_\_\_\_\_

### Current Policy Coverage (We will quote our recommended limits if this section is not completed.)

Coverage	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Bodily Injury				
Property Damage				
Medical Payment				
Uninsured Motorist				
Underinsured Motorist				
Comprehensive Deductible				
Collision Deductible				
Emergency Road Service				
Replacement Rental Vehicle				
Custom Equipment				

## Umbrella Insurance (Additional Liability Coverage)

Quote Desired  Yes  No

Coverage Desired  1 million  2 million  3 million  4 million

Include additional coverage for Uninsured and Underinsured Motorists?  Yes  No

## Prior Experience

Has any loss >\$5,000 occurred on any primary or excess policy during the last 5 years?  Yes  No

Prior carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

## General Information

Any aircraft owned, leased, chartered, or furnished for regular use? . . . . .  Yes  No

Any operators convicted for any traffic violations during the last 3 years? . . . . .  Yes  No

If yes, provide driver name, date, and description in the remarks section below.

Any real estate, vehicles, watercraft, or aircraft used commercially or for business purposes? . . . . .  Yes  No

Any non-owned property exceeding \$1,000 in value in your care, custody, or control? . . . . .  Yes  No

Any business and/or professional activities included in the primary policies? . . . . .  Yes  No

Any insurance coverage declined, canceled, or nonrenewed during the last 5 years? . . . . .  Yes  No

Does applicant or any tenant have any animals or exotic pets? . . . . .  Yes  No

Does applicant or anyone in your household have any past or pending litigation, court proceedings, or judgements? . . . . .  Yes  No

Does applicant or anyone in your household employ any full- or part-time employees? . . . . .  Yes  No

Does applicant or anyone in your household hold any non-compensated positions? . . . . .  Yes  No

## Remarks

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