



*Request for quote*

# Auto, Home, Umbrella Insurance

## Personal information

First and last name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address (please include city, state and ZIP) \_\_\_\_\_

Township \_\_\_\_\_ County \_\_\_\_\_

Please contact me via:  
 Phone \_\_\_\_\_  Email \_\_\_\_\_  FAX: \_\_\_\_\_

Membership affiliations may qualify you for added valuable discounts. Please mark all affiliations that apply:  
 MDA  Alumni Association \_\_\_\_\_  AARP/Retired  Other \_\_\_\_\_

Please check all that apply:  Health insurance covers injuries resulting from auto accidents  Automatic backup generator  Mortgage free  
 Non-smoker  Dogs (if yes, which breed(s)? \_\_\_\_\_)  Pool  Fireplace  Boat  Snowmobile

## Home information

Property address (please include city, state and ZIP) \_\_\_\_\_ Current homeowner insurance carrier \_\_\_\_\_

Year built \_\_\_\_\_ Year roof replaced \_\_\_\_\_ Ownership \_\_\_\_\_ Owner-occupied? \_\_\_\_\_ Frame or brick? \_\_\_\_\_ Square footage \_\_\_\_\_ # of stories \_\_\_\_\_  
 Own  Rent  Condo  Yes  No  Frame  Brick \_\_\_\_\_ SF \_\_\_\_\_ stories

#/bathrooms \_\_\_\_\_ Basement \_\_\_\_\_ Basement finished \_\_\_\_\_ Basement walkout \_\_\_\_\_ Attached or detached garage \_\_\_\_\_ # car garage \_\_\_\_\_  
 Yes  No  Yes  No  Yes  No  Attached  Detached \_\_\_\_\_

Miles to fire department \_\_\_\_\_ Feet to fire hydrant \_\_\_\_\_ Security system? \_\_\_\_\_ Any claims in last 5 years? \_\_\_\_\_  
 \_\_\_\_\_ miles \_\_\_\_\_ feet  Yes  No  Yes  No

Market value \_\_\_\_\_ Current coverage \_\_\_\_\_ Umbrella coverage \_\_\_\_\_ Deductible \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Auto/Motorcycle/ATV information

Current auto insurance company \_\_\_\_\_

	Vehicle 1	Vehicle 2	Vehicle 3
Year/Make/Model			
Vehicle ID (VIN)			
Driver's name / Date of birth			
Driver's license #			
Number of miles to work			
Comp deductible			
Collision deductible			
Bodily injury / property damage			
Uninsured / underinsured			
Tickets/accidents in last 3 years?	<input type="checkbox"/> Yes (what year? _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Towing coverage?			
Rental reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I need an additional quote for:	<input type="checkbox"/> Life insurance	<input type="checkbox"/> Flood insurance	<input type="checkbox"/> Motorcycle insurance