

This worksheet will help you prepare for all the questions we'll review to prepare your quote, so that we can provide you with the best insurance protection to fit your needs. Feel free to complete the entire worksheet now, or simply use it to fill in only the information you don't know off the top of your head.

If you get stuck, don't worry! We'll review everything together on our call to make sure you remain properly protected!

Continual Contract Informat					
Section 1: Contact Informati	lon				
Name	1	Name			
Email	-	Email			
Eman	1	cman			
Phone	1	Phone			
Date of Birth		Date of Birth			
Drivers License #	1	Drivers License #			
Occupation		Occupation			
N					
Mailing Address					
DI : 1 A 1 1					
Physical Address					
Section 2: Coverage History					
Vous Evictino Policios					
Your Existing Policies Policy Type	Agent / Insurance Company	Policy #	Policy Dates		
Policy Type	Agent / Insurance Company	Policy #	Policy Dates		
Policy Type Auto	Agent / Insurance Company	Policy #	Policy Dates		
Policy Type	Agent / Insurance Company	Policy #	Policy Dates		
Policy Type Auto Home/Renters/Condo Umbrella	Agent / Insurance Company	Policy #	Policy Dates		
Policy Type Auto Home/Renters/Condo	Agent / Insurance Company	Policy #	Policy Dates		
Policy Type Auto Home/Renters/Condo Umbrella Other: Other:		Policy #	Policy Dates		
Policy Type Auto Home/Renters/Condo Umbrella Other: Other:					
Policy Type Auto Home/Renters/Condo Umbrella Other: Other: Have you ever had a policy	been cancelled before? Y / N (if	yes, reason for cancellation)			
Policy Type Auto Home/Renters/Condo Umbrella Other: Other: Other: ☐ Have you ever had a policy ☐ (If yes) Do you have any pr	been cancelled before? Y / N (if emium still due to the insurance of	yes, reason for cancellation)			
Policy Type Auto Home/Renters/Condo Umbrella Other: Other: Other: ☐ Have you ever had a policy ☐ (If yes) Do you have any pr	been cancelled before? Y / N (if	yes, reason for cancellation)			
Policy Type Auto Home/Renters/Condo Umbrella Other: Other: Other: ☐ Have you ever had a policy ☐ (If yes) Do you have any pr ☐ Have there been any claims	been cancelled before? Y / N (if emium still due to the insurance of	yes, reason for cancellation) company? Y / N			
Policy Type Auto Home/Renters/Condo Umbrella Other: Other: Other: Have you ever had a policy (If yes) Do you have any promother and the policy have there been any claims Have you ever had any ban Have you or any other driv	been cancelled before? Y / N (if remium still due to the insurance or accidents on the property? Y kruptcies or foreclosures? Y / N ers had any accidents or violations	yes, reason for cancellation) company? Y / N			
Policy Type Auto Home/Renters/Condo Umbrella Other: Other: Other: Have you ever had a policy (If yes) Do you have any pr Have there been any claims Have you ever had any ban Have you or any other driv Do you have any pets? Y /	been cancelled before? Y / N (if remium still due to the insurance or accidents on the property? Y kruptcies or foreclosures? Y / N	yes, reason for cancellation) company? Y / N // N s in the last few years? Y / N			



Section 3: Home/Renters/Condo Coverages	
\square Is this a new home purchase? Y / N (If yes) What	is your anticipated closing date:
☐ Is your home currently being built, or under renovation	ons? Y / N
☐ Is there any existing damage or unrepaired damage to	your home? Y / N
☐ Has there ever been evidence of water leakage or seep	ping in the residence? Y / N
☐ Dwelling Limit	_ □ Pers. Property limit:
☐ Do you have any business property on premises? Y / (If yes, where is it located (i.e. in home, detached structure, etc.) ☐ Deductible	/ N
☐ Year Built ☐ Total Sq Ft	Is there a sump pump? Y / N
☐ Do you have any other structures (i.e. Porches, Patios, De	ecks, Shed, Garage, Barns, Coops, etc.) Y/N
☐ Any updates to home/ or any plans to renovate this y	vear? (Heating, Electrical, Plumbing, Roof) Y/N
☐ Type of Heat?	□ Flooring?
☐ # of Bathrooms	☐ Basement? Y / N % Finished/Unfinished
☐ Any special features (i.e. recessed lights, crown moldi	ng, fireplace, cathedral ceiling, etc.)
☐ Wood stove?	☐ Solar panels?
☐ Pools/Ponds/Treehouses/Trampolines?	
□ Mortgage? Y / N Escrowed? Y / N	
☐ Do you have a second, seasonal or vacation home? Y	// N
☐ Do you have any rental/income properties? Y / N_	
	lule? Y / N rms, computers/electronics, cameras, sporting equipment, or drones)
☐ Anyone work from home? Y / N	
☐ Anyone with access to home? (i.e. nanny, maid, etc.)	Y/N
□ Boats? Y / N	
☐ Anyone volunteer or serve on any boards? Y / N _	
\square Are you the trustee/executor of any estate? Y / N $_$	
☐ Do you have any children? Y / N	·
☐ Do you provide care for an elderly or disabled person	n? Y / N



Section 3: Auto Coverages

Vehicles						
Year	Make/Model	Plate #	Collision?	Comp?	Towing?	Rental?
			(Y / N)	(Y / N)	(Y / N)	(Y / N)
☐ Deductible _		1				
		torcycles? Y / N				
☐ Any recreation	onal vehicles? (trav	el trailers, RVs, campers, g	olf carts)? Y / N			
☐ Any vehicles	in your house tha	t we aren't currently insurin	ng? Y / N			
☐ Do any vehic	eles have car seats	installed? Y / N				
		sehold members)			1	
Name		OOB	DL#		Which Veh	icle Driven
☐ Are any drive	ers good students	(B average or better)? Y / N				
	_	away at school? Y / N				
		not listed on policy? Y / N				
•		ied vehicle? Y / N				
·		? Y / N				
		offer ride sharing services				
		g vehicles? Y / N				
•		or soon to be licensed? Y				
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Your Questions and/or Additional Notes