

Auto & Home-Owner's Insurance Data Form

PERSONAL INFORMATION:

Client #1 Name: _____ Client #2 Name: _____
 Address: _____

Street
City
State

 Zip _____
 Client #1 Employer: _____ Client #2 Employer: _____
 Work Address: _____ Work Address: _____
 Job Title/Position: _____ Job Title/Position: _____
 How Long? _____ year(s) _____ month(s) How Long? _____ year(s) _____ month(s)

AUTOMOBILE(S):

	<u>Year</u>	<u>Make</u>	<u>VIN #</u>	<u>Est. Annual Miles</u>	<u>Principal Operator</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Household Members (Licensed Drivers Only):

	<u>Name</u>	<u>DOB</u>	<u>D/L Number</u>	<u>SS #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

HOMEOWNERS:

Property Address: _____
 # Stories: _____ Sq. Ft. Living Area: _____ Year Built: _____
 Foundation Type: Slab: _____ Raised Perimeter: _____ Other, (describe): _____
 Roof Type: Wood Shake: _____ Composition: _____ Tar & Gravel: _____ Other (describe): _____
 Degree of Slope: Flat Land: _____ Less than 25: _____ 25 or Greater: _____
 Scheduled Items (value): Jewelry: \$ _____ Furs: \$ _____ Silver: \$ _____
 Cameras: \$ _____ Guns: \$ _____ Fine Arts: \$ _____
 Other Collectibles: _____

Any wooden decks? _____

Any business conducted in the home? _____

Any full-time employees working in the home? _____

Any second homes? If yes, please complete the homeowner's information above for the second home _____

Any RV's? _____

Any motorcycles? _____

Any swimming pool? _____

Anybody serving on the board of a nonprofit organization? _____

Any dogs? _____ If yes, is there a bite history? _____

Is there a central station fire and burglar alarm? _____