

Fact Finder

- For no-obligation quotes, please fill in as many fields as possible and fax this form to your agent.
- For accurate comparative quotes, include your current insurance policies' "Declarations" pages in the fax.

Name _____ Email _____
 Spouse/Civil Union Partner Name _____ Years at current address _____ County _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ I prefer to be contacted where/what time _____
 Work Phone _____ Employer _____ Years with current employer _____
 Occupation _____ Full time or Part time _____

Auto Insurance

Current Auto Insurance Company _____ Policy # _____ Years with Carrier _____
 Current Premium _____ Auto Policy Expiration Date _____ Who owns the vehicles? _____
 Current Coverages 25/50 50/100 100/300 250/500 Current Collision Deductible 250 500 1000

Permission to order reports? Yes / No

New Policy Start Date _____

Drivers in Household							
Name	Date of Birth	Driver's License Number	Gender M/F	Marital Status	Number of Tickets	Number of Claims	Age first Licensed

All Vehicles in Household								
Year	Make	Model	Primary Driver	Where parked at home (garage, driveway, on street, etc.)	Miles one way to Work / School	Own/ Lease	Full Covg / Liability	Alarm Y/N

Homeowners Insurance

I want to insure a: Home Condo or Townhome (Center or End Unit) Renters Other _____
 Current Insurance Company _____ Policy # _____ Years with Carrier _____
 Current Premium _____ Homeowners Policy Expiration Date _____ Who owns the home? _____
 Current Dwelling Amt _____ Market Value _____
 Liability 100K 300K 500K 1M Deductible 250 500 1000 Do you Escrow? Yes No
 Square Feet (above ground) _____ Year Built _____ # of Families _____ Do you have:
 Style of Home _____ Age of Roof _____ dead bolts? Yes No
 Exterior Type _____ Age of Electrical _____ fire extinguisher? Yes No
 Number of baths: Full _____ Half _____ Age of Plumbing _____ smoke detectors? Yes No
 Type of Heating _____ Age of Heating _____ central fire alarm? Yes No
 Location of Oil Tank _____ Miles to Fire Department _____ central burglar alarm? Yes No
 Claim in the last 5 years _____ Number of Feet to Fire Hydrant _____ local burglar alarm? Yes No
 Value of Contents (renters only) _____ Number of Fireplaces _____ trampoline? Yes No
 Value of "special" property such as jewelry, fine art, or expensive computer equipment _____ Any animals? _____

Please Note Any Claims / Accidents / Special Instructions Here: