<u>Household Information</u> (Complete for a more e-friendly experience. You are always welcome to call us 913-904-1020)

Today's Date Referral/Source*Insurance Requested Type: Description Auto Life						
*Legal Name		Nic	Nickname		*DOB	
*DL #	*SSN#	*Status	*Gender	_ *Occupatio	n	
Spouse/Partner Name		Ni	Nickname		DOB	
DL#	SSN#	Status	s Gende	r Occupa	ation	
Please enter any addi	tional drivers below:					
Name	DL#		DOB	_ Gender_		
Name	DL#		DOB	_ Gender_		
Name	DL#		DOB	_ Gender_		
*Property address						
Prior address (If at curr	ent < 5years)					
Residence: Owned	☐Rented Time @	address	_			
*Phone(Primary)	*Em	ail				
Spouse Cell (Optional)		Spouse Email (	Optional)			
Auto Information						
Current Liability limits (I	Bodily Injury/Property	Damage)	Premiun	n	_ 12mo 6mo	
*Current company		How long	Re	newal date_		
VIN						
Year						
Make						
Model						
Driver/Miles to work		-				
Comp deductible	\$	\$ <u></u>			\$	
Coll deductible	\$	\$ <u></u>			\$	
Rental / Tow?						
Business Owner?Y Different garaging addr		]Y	pment or trail	ers?	N	
*Tickets/Accidents/Sus (Name/Date/Incident)	pensions in last 5 yrs					

## Home Information: (Fill what you can) Prior carrier\_\_\_\_\_\_ Renewal date\_\_\_\_\_ How long\_\_\_ Premium \$\_\_\_\_\_ Deductible \$\_\_\_\_ W/H Deductible \$\_\_\_\_ Dwelling \$\_\_\_\_ Other structures: \$\_\_\_\_ Pers property \$\_\_\_\_\_ Liability \$\_\_\_\_ Med Payments\$\_\_\_\_\_ Water Backup \$\_\_\_\_ Single home □Duplex □Triplex □Fourplex □Condo HO-6 □Town house HO-3(center /end) Style 1 story 1 ½ story 2 story Bi-level (raised ranch) Split level Reverse 1 1/2 \*Year const\_\_\_\_\_ # Residents\_\_\_\_ Purchase date\_\_\_\_\_ # Mortg\_\_\_ Escrowed? \[ Y \] N Home value \$\_\_\_\_\_ County\_\_\_ Fire Dept\_\_\_\_\_ \*Total sq ft\_\_\_\_\_ \*Roof Type Composite (asphalt) Architectural(Class 4) Slate Tile Wood Metal/Concrete \*Age of roof: Basement % of ground floor % Finished % Walkout \[ Y \]N Crawl / Slab % Garage: None Carport Detached Attached Built-in Basement 1 2 3 car Deck sf \_\_\_\_\_ Porch/screened porch/sunroom sf \_\_\_\_\_ Custom features Material for exterior walls (total % must = 100): \_\_\_\_\_% Wood siding \_\_\_\_\_% Stucco \_\_\_\_\_%Alum/vinyl \_\_\_\_\_% Brick veneer \_\_\_\_\_% Stone veneer \_\_\_\_\_% Solid brick \_\_\_\_\_% Other (Specify)\_\_\_\_\_ Interior walls: Drywall (sheetrock) Plaster # Fireplaces Gas / Wood Kitchen: Standard Custom Luxury Renovations to heat/plumbing/electrical Security devices: Deadbolt locks Smoke detectors Fire extinguisher □ Alarm System: Local Monitored Check applicable □ Burglar □ Fire □ Both Pool Y N Trampoline Y N Wood Stove or supplemental heating Y N Dogs Y N Breed Other Animals? Y N Type: Jewelry/silver/furs/guns/other special coverage? \( \subseteq Y \subseteq N \) Description Losses in 5 yrs Y N Date and type Do you have an **Umbrella** policy? \( \subseteq \text{N} \) Do you have **Life** insurance? \( \subseteq \text{N} \) Amount \$\_\_\_\_\_ Company\_\_\_\_\_ If, No: Quote? \( \subseteq \text{Y} \subseteq \text{N} Additional Items to Quote? RVs, Personal Watercraft, Snowmobiles, Motorcycles, ATVs, etc.? Describe:

Primary

Concerns: