

Your Name (Op.1): _____ **AUTO**
 (First) (M.I.) (Last)
Spouse (Op.2): _____ **Email:** _____
 (First) (M.I.) (Last)
Home #: _____ **Work #:** _____ **Cell #** _____
Address: _____ **Email:** _____
City: _____ **Zip:** _____ **Own or Rent??** _____ **(Quote it !!)**
Prior Address: _____ **City:** _____ **Zip:** _____

What has you shopping for Auto ins today? _____
 Are we the 1st agency you called for a quote? _____ Are you satisfied with your current Auto ins agent? _____
 What is important to you besides a good price on your Auto ins? _____

Current Insurance: _____ **Exp. Date:** _____ **Yrs w/ Co:** _____ **Premium:** _____

Op. 1 Name: _____ **DoB** ___/___/___ **DL #:** _____ **SS#** _____
Op. 2 Name: _____ **DoB** ___/___/___ **DL #:** _____ **SS#** _____
Op. 3 Name: _____ **DoB** ___/___/___ **DL #:** _____ **SS#** _____
Op. 4 Name: _____ **DoB** ___/___/___ **DL #:** _____ **SS#** _____

Driver 1 **Ticket Date:** ___/___/___ **Type:** _____
Ticket Date: ___/___/___ **Type:** _____
Accident Date: ___/___/___ **At Fault? Y** _____ **N** _____
Accident Date: ___/___/___ **At Fault? Y** _____ **N** _____

Driver 2 **Ticket Date:** ___/___/___ **Type:** _____
Ticket Date: ___/___/___ **Type:** _____
Accident Date: ___/___/___ **At Fault? Y** _____ **N** _____
Accident Date: ___/___/___ **At Fault? Y** _____ **N** _____

Year	Make	Model	# Cyl	Usage(W,P,B):	Vin #

Limits:			PIP	Health Ins				Med	Collision	Comp.	Lawsuit	
BI	PD	PIP	Ded	Option	Addl PIP	UM	UMPD	Paymnt	Ded's	Ded's	Rental	Option
15/30	5	15	250	Primary	100	15/30	5	1000	None	None	10/day	Verbal
25/50	10	50	500	Secondary	125	25/50	10	2500	100	100	20/day	Zero
50/100	25	75	1000		175	50/100	25	5000	250	250	30/day	
100/300	50	150	2000		250	100/300	50	10000	500	500	40/day	
250/500	100	250	2500		400	250/500	100	15000	750	750	50/day	
500/500	250				500	500/500	200	25000	1000	1000	100/day	
100CSL					600	100CSL	300	50000	1500	1500		
300CSL					700	300CSL	500	100000	2000	2000		

Do you have a Life Insurance policy with MetLife? Y___ N___ (discount applies to MetLife Auto & Home)

Which drivers have taken a Defensive Driver class in past 3 years? _____

Any other vehicles in your garage? (Antique Auto, Motorcycle, Boat, ATV, ORV, Jetski, Trailer, Camper, etc)
 If so, get details and provide quote. _____

Credit score is used by insurance companies to determine your premium. Do you give your permission to allow the Insurance companies, we use, pull your credit? _____ Name of person giving permission: _____

Name1: _____ Dot B: _____ SS# _____

Name2: _____ Dof B: _____ SS# _____

Home Tel _____ Cell: _____ Email: _____

Permission to have Credit & Loss History pulled? Y/N _____ Who is authorizing? _____

Property Address: _____

If less than 3 years/ your previous address: _____

Mailing Address (if different) _____

Occupation for #1: _____ Occupation for #2: _____

New purchase? Yes /No Purchase price: \$ _____ Purchase/Closing date: _____

Who is your current insurance provider? _____ Expiration Date: _____

Are you satisfied with the service that you are receiving from them? Y or N

Years of continuous property insurance (home/renters/condo) if any: (total yrs with all carriers) _____

Have you had any property losses in the last 5 yrs: If Yes, Describe: _____

Has coverage been declined, cancelled or non-renewed in the last 5 years? _____

Does the home have any pre-existing damage? _____

Year Built: _____ Square Footage of Living area: _____ # of stories: _____

Mortgage Borrowed Amt: \$ _____

Type of Dwelling (single family/duplex/triplex/quadplex/apartment) Owner Occupied: ? _____

Construction Type: (Frame/Masonry/Brick Veneer/Alum Siding/Fire Resistive)

Note: If "Masonry" is selected the dwelling construction must be 100% brick with no frame (excluding gables).

Occupancy Type: Primary Residence/Secondary/Seasonal/Tenant Occupied/Vacant

Roof Type: (Composition/Wood Shake/Steel/Clay Tile/Slate/Concrete Tile/Flat/ Built-up Tar & Gravel)

Year roof last replaced: _____ Air Conditioning: Central/Window Units/None

of Bathrooms: Full Half 3/4

Garage: Attached/Detached? How many cars fit? _____

Is there an oil tank on the premises? If so, is tank buried? _____

Number of Dogs: _____ Breed: _____ Biting History?: _____

Is there a public hydrant within 1,000 feet of the residence? _____

Basement: Yes/No If yes, Full/Partial and % Finished: _____

Is a swimming pool located on the premises? _____ Diving Board? _____ Slide: _____

Any detached structures? (garage/shed/fencing/apt/swimming pool)

How many acres is the dwelling located on? _____

Business or Daycare Conducted on Premises? _____

Trampoline/Skateboard or Bike Ramp on Premises? _____

Purchased as Foreclosure or Short Sale? _____

Is there a basement? _____ If so, % finished: _____

Sump Pump installed? _____ If so, is there back up power for Sump Pump? _____

Does the property have a Fireplace? _____ Woodstove? _____ Kerosene or coal heater in use? _____

Portable heater, coal or wood burning stove as primary heat source? _____

Central Heating as Primary heat Source? _____ Portable heater used as a secondary heat source? _____

Has Furnace been completely replaced within the past 20 years? _____

Burglar Alarm? (local/central) _____ Smoke Detectors? _____ Fire Extinguisher? _____

Dead Bolt Locks on exterior doors? _____ Are the home's pressurized water supply line copper? _____

Are circuit breakers minimum 150 amp service? _____ All wiring connected to circuit breakers? _____

Is there any aluminum wiring? _____ Furnace completely replaced in past 20 years? _____

Is the dwelling built on or within 10 feet of a 30 degree or greater hillside? _____

Number of Farm Animals on Premises: _____

Exotic Pets on Premises: _____

Any bars on the windows? _____

Is the dwelling a Townhouse or Rowhouse? _____

Is the residence used as Student Housing? _____

If Rental Property - Circle all of the tenant screenings used by the landlord:

Credit Check/Criminal Background Check/Eviction Search/Skip Search/HO4 Tenant policy on File/None

Is the premises certified free of existing lead hazards?(Applies to pre-1978 non-owner occupied homes) _____
(If No, premises liability will exclude lead related liability. If Yes, copy of Lead Hazard Free certification is required before coverage could be bound.)

Check all that apply:

Bars on windows & doors/ Central Fire Alarm/Dead Bolt Locks/ Fire Sprinkler/Smoke Detector
Fire Extinguisher/Carbon Monoxide Detector/Burglar Alarm (Includes both Local and Central)

Quoting & Results:

Travelers / Encompass / Nationwide / Harleysville / Guard / Plymouth Rock / Mercury /

National General / Andover / PCIC / Provident Mutual / Progressive /

Narragansett Bay, AIG, Vault / other..

Timeline:

Date Quote Requested from insured: _____

Date Quoting Started: _____

Date Quoting Finished: _____

Date Best Quote Offered to insured/follow-up with insured: _____

Date Insurance Bound: _____

Other/Notes: _____
