



## Quote Fact Sheet

<b>Full Name</b>		<b>Email Address</b>		<b>Phone Number</b>	
<b>Address</b>				<b># Years at Current Address</b>	
If less than 2 years at current address, enter previous address here					
<b># of Drivers in Household</b>	<b>Provide for Each Driver -</b>				
	<u>Full Name</u>	<u>Date of Birth</u>	<u>Relationship</u>		
<b># of Vehicles in Household</b>	<b>Provide for Vehicle (if available) -</b>				
	<u>Year/ Make/ Model/ Trim Level</u>		<u>VIN Number</u>		
<b># of Accidents or Moving Violations in last 3 Yrs</b>	<b>Provide brief explanation of each -</b>				
<b>Prefer Paperless Policy Discount?</b>		<b>Circle One</b> YES NO		<b>Prefer Electronic Payment Discount?</b>	
				<b>Circle One</b> YES NO	
<b>Preferred Payment Interval?</b>			<b>Circle One</b>		
Monthly    Semi-Annually    Annually					
<b>Please Complete Section Below OR Attach Declaration Page of Current Insurance Policy</b>					
<b>Current Insurer</b>			<b># of Years with Current Insurer</b>		
<b>Liability Coverage Amounts:</b>			<b>Amount You Pay Monthly / 6 Months for Premium:</b>		
Bodily Injury:                  Property Damage:		Monthly:                          6-Months:			
<b>Deductible Amounts:</b>			<b>Do you have Towing Coverage?</b>		<b>Accident Forgiveness?</b>
Collision:                          Comprehensive:		YES or NO		YES or NO	

Questions? Contact Us at 410-285-2770



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(may skip this section if already completed on reverse side)

<b>Full Name</b>	<b>Email Address</b>	<b>Phone Number</b>
<b>Address</b>		<b># Years at Current Address</b>
If less than 2 years at current address, enter previous address here		

(please complete all sections below)

<b>Date of Birth</b>	<b># of Children</b>	<b>Sq Footage of Home (not including basement)</b>		
<b>Type of Dwelling (Townhome, Single Family, Bi Level)</b>		<b># of Stories (not including basement)</b>		
<b>Is there a Basement?</b> YES or NO	<b>Is Basement Finished?</b> YES or NO or N/A	<b># of Bathrooms</b>		
<b>Is there a Fireplace?</b> YES or NO	<b># of Fireplaces</b>	<b>Year Home Built</b>	<b>Year Home Purchased</b>	<b>Age of Roof</b>
<b>Is there a deck?</b> YES or NO	<b>Type of deck?</b>	<b>Type of Construction (Frame/ Siding/ Brick/ Stone)</b> % of each		
<b>Sq Footage of Deck?</b> YES or NO	<b># of Cars in Garage</b>	<b>Garage is (select one)</b> ATTACHED    BUILT-IN    DETACHED    NO GARAGE		
<b>Is there a pool or trampoline?</b> YES or NO		<b>Is the pool or trampoline fenced in?</b> YES or NO		
<b>Have you ever had a loss on your Homeowners Policy?</b> YES or NO		<b>Does your mortgage company pay your premium through escrow or do you pay the premium?</b> YES OR NO		
<b>Please Complete Section Below OR Attach Declaration Page of Current Insurance Policy</b>				
<b>Current Insurer</b>		<b># of Years with Current Insurer</b>		
<b>Coverage Amounts (estimate if unsure):</b>		<b>Amount You Pay Monthly / 6 Months for Premium:</b>		
<b>Deductible Amounts:</b>				

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