



**General Information** (explain all "yes" responses in **Remarks**)

	yes	no		yes	no
Any full time residence employees?	<input type="checkbox"/>	<input type="checkbox"/>	Any other residence owned, occupied or rented?	<input type="checkbox"/>	<input type="checkbox"/>
Is property situated on more than five acres?	<input type="checkbox"/>	<input type="checkbox"/>	Does applicant own any recreational vehicles? (snowmobiles, dune buggies, mini bikes, ATVs, etc? list year, type, make, model in <b>Remarks</b> below)	<input type="checkbox"/>	<input type="checkbox"/>
Any business conducted on premises? (If yes, please indicate type of business in <b>Remarks</b> below)	<input type="checkbox"/>	<input type="checkbox"/>	Structures rented to others - residence premises?	<input type="checkbox"/>	<input type="checkbox"/>
Any other insurance with this company? (list policy numbers in <b>Remarks</b> below)	<input type="checkbox"/>	<input type="checkbox"/>	During the last ten years, has any applicant been convicted of any degree of the crime of arson?	<input type="checkbox"/>	<input type="checkbox"/>
Is property located near a body of water?	<input type="checkbox"/>	<input type="checkbox"/>	Do you want backup of sewer and drain (sump pump) coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Member of a group, credit union, alumni association or professional affiliation?	<input type="checkbox"/>	<input type="checkbox"/>	Have all household members been disclosed? (Please include children information in <b>Remarks</b> below)	<input type="checkbox"/>	<input type="checkbox"/>
Any coverage declined, cancelled or non-renewed during the last three years? (not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>	Have you turned in any claims within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant had a foreclosure, repossession or bankruptcy during the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a pool or trampoline on premises? If so is yard locked and fenced?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any pets? Behavioral Issues?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any scheduled items such as jewelry, Furs, silverware, firearms, etc? (Coverage for special items may be limited. Please check with your agent.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a woodburning stove? (not fireplace)	<input type="checkbox"/>	<input type="checkbox"/>			
Are there any separate structures on the property?	<input type="checkbox"/>	<input type="checkbox"/>			

**Prior Coverage**

Prior Carrier \_\_\_\_\_ Prior Policy # and expiration date \_\_\_\_\_

Risk new to agency? Y  N

Any Recreational Vehicles (Boats/Jet Skis/ATV/Golf Carts/Other) \_\_\_\_\_

Home Based Business (Mary Kay/Pampered Chef/Other) \_\_\_\_\_

Any Resident Employees (Nanny/Gardener/Maid/Other) \_\_\_\_\_

**Coverages to Quote**

Prospect Name \_\_\_\_\_ Type of Policy \_\_\_\_\_

A. Dwelling \$ \_\_\_\_\_

B. Liability \$ \_\_\_\_\_

C. Medical Payments \$ \_\_\_\_\_

D. Deductible \$ \_\_\_\_\_

H. Replacement cost to Dwelling Y  N  What %? \_\_\_\_\_

I. Replacement cost contents Y  N

J. Back up Sewer & Drain \$ \_\_\_\_\_

L. Other misc. coverage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M. Multiple Policy Discount? Y  N  All Co.'s .or w/ \_\_\_\_\_

N. Claims in the last 5 years? Y  N  If yes, explain in **Remarks** below

**Remarks** Please use this area to explain any "yes" answers from above. Also, feel free to use this area for any information regarding your home and contents that you would like us to have when providing you with a quote. \_\_\_\_\_

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