



HOME/AUTO QUOTE

Fax to 405.521.1610

REQUIRED INFORMATION

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

If you have lived at your current address less than 6 months please provide previous address:

You - SSN: _____ DOB: ___/___/___ Occupation: _____

Spouse - SSN: _____ DOB: ___/___/___ Occupation: _____

AUTO INFORMATION

Current Auto Carrier: _____ Cancel/Expire Date: ___/___/___ Current Premium: _____

LIABILITY LIMIT _____ MED PAY _____ UM _____

DRIVER INFORMATION

#1-Name: _____ DOB: ___/___/___ DL#: _____ Sex M F Married Yes No

#2-Name: _____ DOB: ___/___/___ DL#: _____ Sex M F Married Yes No

#3-Name: _____ DOB: ___/___/___ DL#: _____ Sex M F Married Yes No

#4-Name: _____ DOB: ___/___/___ DL#: _____ Sex M F Married Yes No

Good Student Discount (if student 3.0 GPA or above) Driver #: _____ Glass OEM

VEHICLE #1: Driver#: _____ Year: _____ Vin#: _____

Make: _____ Model: _____

Comp: _____ Coll: _____ Any loans? _____

Road Side Assistance: Yes No Rental: Yes No Business Use: Yes No Miles one-way to work: _____

VEHICLE #2: Driver#: _____ Year: _____ Vin#: _____

Make: _____ Model: _____

Comp: _____ Coll: _____ Any loans? _____

Road Side Assistance: Yes No Rental: Yes No Business Use: Yes No Miles one-way to work: _____

VEHICLE #3: Driver#: _____ Year: _____ Vin#: _____

Make: _____ Model: _____

Comp: _____ Coll: _____ Any loans? _____

Road Side Assistance: Yes No Rental: Yes No Business Use: Yes No Miles one-way to work: _____

AUTO INFORMATION (CONTINUED)

VEHICLE #4: Driver#: _____ Year: _____ Vin#: _____
Make: _____ Model: _____
Comp: _____ Coll: _____ Any loans? _____
Road Side Assistance: Yes No Rental: Yes No Business Use: Yes No Miles one-way to work: _____

VIOLATIONS/ ACCIDENTS (Include all for the past 3 years):

Driver#: _____ Date: ___/___/___ Description: _____
Driver#: _____ Date: ___/___/___ Description: _____

HOME INFORMATION

Current Homeowners Carrier: _____ Cancel/Expire Date: ___/___/___ Current Premium: _____

Losses: Type: _____ Date: ___/___/___ Amt Paid: _____
(Past 5 Years)
Type: _____ Date: ___/___/___ Amt Paid: _____

Currently Occupied Yes No If no, when, why and how long? _____ Year Built: _____

Updates: Wire Partial Full Year Updated: _____ Plumbing Partial Full Year Updated: _____

Construction Type: Brick Frame Stone EFIS Stucco Square Footage: _____

Roof Age: Composition: _____ Wood: _____ Other: _____ Hail-Resistant Roof Class 3 or 4 _____

Basement: Yes No # Acres: _____ Mortgage? Yes No Heat Type: Gas Electric Age: _____ # Fireplace(s): _____

Garage: # Cars: _____ Attached Detached Extras: Trampoline Pool Fenced Dogs - Breed: _____

Boats Motorcycles Trailers ATV's

Baths: Full: _____ Half: _____ Miles to Fire Station: _____ Distance to Fire Hydrant: _____

Credits: Central Fire Alarm Water Leak Protection Water Leak Alarm Central Burglar Alarm Gated Community

Guarded Community (24 Hours) Full Time Caretaker Signal Continuity Water Flow Alarm Backup Generator

Gas Leakage Detector Seismic Shut Off Residential Sprinkler System Primary Home Yes No

Coverages: Dwelling: _____ Liability: _____ Contents: _____

Deductible: \$1k \$2.5k \$5k \$7.5k \$10k Wind/Hail Deductible: 1 % 2% 5%

Schedules: Jewelry: _____ Fine Arts: _____ Fire Arms: _____ Other: _____

Umbrella: 1M 2M 3M 5M 10M Excess Uninsured Motorist Coverage? 1M 2M

Earthquake Coverage: Yes No Flood Coverage: Yes No MED PAY _____

Equipment Breakdown: Yes No Cyber Protection: Yes No Title in Trust or LLC: Yes No If yes, Home Cars