

HOME/AUTOQUESTIONNAIRE

Please complete all applicable sections in this questionnaire.

SECTION I: PERSONAL INFORMATION

Applicant Name: _____ Phone: _____

Date of Birth: _____ Email: _____

Co-Applicant Name: _____ Phone: _____

Date of Birth: _____ Email: _____

Mailing Address: _____

What type(s) of insurance are you looking for? Auto Home Condo Renters

Did you know that combining your Auto and Home/Condo/Renters could save you up to 25% off your total premium?

SECTION II: HOME INFORMATION:

a. Property Address: _____ Purchase Date: _____

b. Is this a new purchase? Yes No
 i. If Yes, are you currently in escrow? Yes No
 ii. If No, what insurance company is your home currently with? _____

c. Ownership type: Individual Individual Trust LLC Sole Proprietor Other

d. Previous address(es) for the last 3 years: _____

e. Is there a burglar alarm installed? Yes No
 i. If Yes, is it or will it be monitored by an alarm company? Yes No

f. Is there an interior sprinkler system installed? (Required in homes built after 2014) Yes No

g. Do you own any pets? Yes No Breed: _____

h. Gated Community? Yes No Swimming Pool? Yes No

i. Trampoline? Yes No If Yes, is there protective fence? Yes No

j. Any Scheduled Jewelry/Furs/Musical Instruments/Art/Other: _____

k. Personal Liability: 100,000 200,000 300,000 400,000 500,000

l. Medical Payments to Others: 1,000 2,000 3,000 5,000

m. Desired deductible: 500 1,000 1,500 2,500 5,000 10,000

n. Personal Property (Condo/Renters Only): 20,000 30,000 40,000 50,000 100,000

o. Do you own any rental properties (discounts may apply): Yes No

p. Are you interested in any of the following additional insurance available? (*separate policies and deductibles apply*)

Flood: Coverage for building and contents may be purchased through the National Insurance flood program (NFIP).

Earthquake: We can partner with CA Earthquake Authority to provide coverage to your home, other structures and personal property due to earthquake damage.

Personal Umbrella Liability: Offers an extra layer of protection for your assets. Coverage is provided for bodily injury, property damage or personal injury to others for which you are held liable. All underlying policies must meet the minimum required limits of insurance

SECTION III: AUTO INFORMATION
(If you have more than two vehicles, please complete this section again as necessary)

	Vehicle 1				Vehicle 2				
Driver Name									
Relationship	Self	Child	Spouse	Other	Self	Child	Spouse	Other	
Garaging Address									
If driver is student, do they have GPA 3.0+	Yes		No		Yes		No		
Bachelor's Degree	Yes		No		Yes		No		
Occupation									
Employer Address									
Driver's License No.									
Vehicle Identification No. (VIN)									
Use of Vehicle	Work Commute		Recreational		Work Commute		Recreational		
Liability Limits *Common coverages listed (max. per person/per accident) (Leave blank and consult with agent if unsure)	15/30	50/100	100/300		15/30	50/100	100/300		
	250/500	300/300	500/500		250/500	300/300	500/500		
Comprehensive/Collision Deductible (No Cov/100/250/500/750/1,000/2,000/2,500/5,000)									
Medical Payments (No Cov/500/1,000/2,000/5,000/10,000/25,000)									
Optional Coverages: (consult your agent if unsure)	Full Safety Glass Coverage (waives deductible for the replacement of all damaged safety glass)	Yes		No		Yes		No	
	Rental Car Reimbursement	Yes		No		Yes		No	
	Roadside Assistance	Yes		No		Yes		No	
	Deductible Savings Reward Plan (includes Vanishing Deductible and Total Loss Deductible Waiver)	Yes		No		Yes		No	
	*Special Physical Damage Coverage	Yes		No		Yes		No	

*Auto policies typically cover for replacement of parts using "aftermarket" parts. Replacement with the manufacturer's original parts is an additional cost to you. Special Physical Damage covers that additional cost.