

# PERSONAL INSURANCE QUESTIONNAIRE



You may submit this form electronically. For your convenience, this form is fillable in Acrobat and may be submitted electronically. Save the file when completed and email to the producer. To submit via fax, you may print and send to: 770.433.3066

## General Information

Name *(complete legal name)*

### Mailing Address

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Property Address *(if different than mailing address)*

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## Home Information

Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		Current Deductible: _____	
Year Built: _____	Square Footage: _____	# of Stories: _____	Years of Residence: _____
Construction Type: _____		Foundation Type: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement	
Roof Type: <input type="checkbox"/> Composite Shingles <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Metal <input type="checkbox"/> Other _____		Roof Age: _____	
# of Kitchens & Type: <input type="checkbox"/> Designer _____ <input type="checkbox"/> Custom _____ <input type="checkbox"/> Semi-Custom _____ <input type="checkbox"/> Builder Grade _____			
# of Full Baths & Type: <input type="checkbox"/> Designer _____ <input type="checkbox"/> Custom _____ <input type="checkbox"/> Semi-Custom _____ <input type="checkbox"/> Builder Grade _____			
# of Half Baths & Type: <input type="checkbox"/> Designer _____ <input type="checkbox"/> Custom _____ <input type="checkbox"/> Semi-Custom _____ <input type="checkbox"/> Builder Grade _____			
# of screen in porches: _____		# of fireplaces: _____	
# of decks: _____		size: _____	
Year of Most Recent Updates Electrical: _____ Plumbing: _____ Furnace/AC: _____ Roof: _____			
Current Dwelling Limit: _____		Current Contents Limit: _____	
Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trampoline: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dog(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Type and Breed: _____ _____	Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Umbrella: <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2,000,000 <input type="checkbox"/> 3,000,000			
Bankruptcy filed in past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Claims in past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Business Conducted on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the dwelling subject to flood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your homeowners insurance been cancelled/declined/nonrenewed in past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the home vacant, unoccupied, or for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this property purchased as a foreclosure or short sale in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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## Personal Information

Date of Birth:	Drivers License #:	Occupation:
Spouse Name:	Drivers License #:	Date of Birth:

### Additional Driver Information

Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Vehicle Information

VIN#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Claims or tickets in the past 5 years: ☐ Yes ☐ No

## Current/Most Recent Insurance Information

Homeowners Insurance Company:	Expiration Date:
Automobile Insurance Company:	Expiration Date:
Any Lapse or Gap in Coverage in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Notes/Additional Comments

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