

1. How did you hear about us?

2. Full Name Married Single

Spouse's Name

3. Social Security # Birthdate

Social Security # Birthdate

4. What level education do you have? (This will help with discounts on your quote.)

High School Diploma / GED Some College Bachelor's Masters Other Education

5. What is your occupation?

Address City State Zip Code

Home Phone Business Phone Cell Phone

Email Address Who's email address is this?

6. Current Policy Holder Policy Number Premium

7. What type of liability coverage did you have with your last policy?

10. What amount of coverage do you need? \$

11. What is the actual cash value of your home? \$

12. What amount of deductible are you looking for? \$

13. What is your current annual premium? \$

14. Have you had any claims in the last 5 years? Yes No

15. If "yes", Please Explain:

16. How would you prefer to pay? Monthly Bi-Annually Annually Bank Draft

17. How old is your home?

18. Is your home mortgaged? Yes No If "yes", who is your mortgage company?

19. How long have you lived at your current address?

20. Has anyone in your household ever declared bankruptcy in the last 5 years? Yes No

If "Yes", Please explain:

21. How many Bedrooms does your home have?

22. How many Bathrooms does your home have?

23. How many Heated Sq. Ft. is your home?

24. How old is the roof on your home?

25. How many stories does your home have?

26. Does your home have a separate Den? Yes No

27. Does your home have a separate Dining Room? Yes No

28. Have a Basement or Attic? Yes No

29. Have Cathedral Ceilings? Yes No

30. Have French or Atrium Doors? Yes No

31. Have Skylights? Yes No

32. Have Stained Glass Windows? Yes No

33. Have Bay or Atrium Windows? Yes No

34. Have a Foyer? Yes No

35. Have a separate Laundry Room? Yes No

36. Have an Alarm System? Yes No

37. Have a Joining Bedroom and Bath? Yes No

38. Have Additional Interior? Yes No

Information:

39. Is your home a brick home? Yes No If "No", explain:

40. Does your home have a carport? Yes No If "Yes", Is it attached? Yes No

If "Yes", How many cars does it hold? Is it a Covered Carport? Yes No

41. Does your home have a Is it attached?

42. What type of Flooring does your home have?

43. What type of walls does your home have?

44. Does your home have a Fireplace? Yes No

45. Are there any smokers in the home? Yes No

46. Does your home have a

46. Is there fencing around the home? Yes No If "Yes", what type of fencing?

47. Does your home have Central Air and Heat? Yes No

48. Are there space heaters? Yes No

49. Is your home on a slab? Yes No

50. Do you have any pets? Yes No If "Yes", have they ever bitten anyone? Yes No

List all pets.

51. Is your home inside or outside the city limits?

52. What parish does your home reside?

53. Do you have Life Insurance?

54. Do you have Health Insurance?

55. Who do you have Auto Insurance through?