



440-237-8555 Fax: 440-237-5861

PERSONAL LINES INSURANCE QUESTIONNAIRE

Primary Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
		SSN:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Address (City, State, Zip):		County:
Spouse Name:	DOB:	SSN:
		Phone Number:

Carrier Name:		
Policy Info:	Expiration Date:	Other:
	Premium:	Email:
	How long with:	

Accidents/Violations/Tickets (past 5 years):

Drivers:		
Name	DL#	Other/Notes:

AUTOMOBILES:		

Coverage:		
Liability (BI/PD):		
UM BI/PD:		
Comp/Collision Deductibles:		

HOME INFORMATION:

Exterior Construction:		
Year Built		
Move-in/Rental Date		
Stories		
Sq Footage		
Age of Roof /Type		
Foundation (Basement-Slab-Crawlspace)		
Garage/Carport		
Bathrooms		
Fireplaces		
Trampoline/Pool		
Pets (breed of dog)		
Alarm (local/central)		
Type of heating		
Home for sale?		
Do you have circuit breaker box or fuses?		Flood Insurance?:

CURRENT COVERAGE AND INFORMATION:

Dwelling Amount:	Deductible:	
Other Structures:	Umbrella:	
Personal Property:	Scheduled items:	
Loss of Use:	Other:	
Personal Liability:	Other:	
Med Pay:	Other:	