Diocese Application Information

# **Prospect Information**

[ ]  Named Insured(s):

[ ]  Address:

Quote(s) Requested [ ] Home [ ] Auto [ ]  Umbrella [ ] Other

[ ]  Desired Billing [ ] Annual [ ]  Semi-Annual [ ] Quarterly [ ]  EFT [ ]  Other-

# **General Information**

General Information, must be noted on the Checklist or included in documentation **provided for each covered insured.**

[ ]  Phone:

[ ]  E-mail:

[ ]  Marital Status:

[ ]  Other Residents in Home:

[ ]  Prior Carrier: Number of Years of Coverage:

 Coverage Expiration Date:

[ ]  Social Security Number:

[ ]  Date of Birth:

[ ]  Occupation:

# **Auto Quote Information – must be provided for each driver in the household**

[ ]  Drivers Licenses Number:

[ ]  VIN:

[ ]  Year, Make and Model:

[ ]  Current Limits and Deductibles:

[ ]  Prior Speeds and Accidents in the last five years:

Request Quote [ ] Towing [ ]  Rental

# **Home Quote Information – AM to pull assessor information**

[ ]  Property Address:

[ ]  Purchase Date:

[ ]  Prior Address if less than three months above:

[ ]  Updates on Electrical/Heating/Plumbing/Roof if home is older than 10 years:

[ ]  Current Limits:

[ ]  Animals:

[ ]  Jewelry, Guns, Furs, Precious Metals and or Stones:

[ ]  Home Business:

[ ]  Pool:

[ ]  Percentage of Basement Finished- %

[ ]  Water Back-up of Sewer and Drain:

[ ]  Trampoline:

[ ]  Feet from Hydrant:

[ ]  Fireplace (Gas/ Electric/Wood):

[ ]  % of Flooring \_\_\_\_\_\_ Carpet; \_\_\_\_\_\_ Hardwood; \_\_\_\_\_Tile

[ ]  Exterior Material – indicate % breakdown of material type (frame, brick, stucco, etc)-

[ ]  Loss information for the last five years: