

How did you hear about Robinson Group: radio, tv ect? _____

Who currently handles your Auto insurance? _____

Why are you thinking about changing? _____

Name	DOB	DL #	Tickets/Claims Accidents Suspensions	Occupation

Primary Address: _____

H Ph. _____ W Ph. _____ Cell _____ Email _____

AUTO UNDERWRITING:

Best Contact TIME: _____

- 1.) Convicted of anything other than a motor vehicle violation in the last 3 years? **No** **Yes** _____
- 2.) Vehicle customized, altered or replica? **No** **Yes** _____
- 3.) Are you currently Insured? Yes or No
- 4.) If yes what is the name of your Insurance Company?
- 5.) What is the policy number of your current Insurance Company?
- 6.) How long have you been insured for continues Insurance?

AUTO QUOTE

VEHICLE #1			VEHICLE #2			VEHICLE #3		
VIN			VIN			VIN		
Year	Make	Model	Year	Make	Model	Year	Make	Model
Pleasure Use Work: one way _____		7500 Miles Annual more less	Pleasure Use Work: one way _____		7500 Miles Annual more less	Pleasure Use Work: one way _____		7500 Miles Annual more less
		LIMITS			LIMITS			LIMITS
BIP Liability			BIPD			BIPD		
BIP Property								
Pip								
Med Pay			Med Pay			Med Pay		
Comp			Comp			Comp		
Collision			Collision			Collision		
Uninsured Motorist								
Uninsured Motorist Property								
Rental Reim.			Rental Reim.			Rental Reim.		
CURRENT PREMIUM \$			CURRENT PREMIUM \$			CURRENT PREMIUM \$		

Tickets/ Violations – 5yrs

Date	Infraction

Accidents / Claims -- 5yrs

Date	Accident/Claim	At Fault / Not at Fault	Amount Pd.

BOAT

YEAR _____ MAKE _____
 MODEL _____
 SERIAL # _____
 LENGTH _____ HP _____
 PRICE NEW \$ _____
 TYPE _____

MOTORCYCLES

YEAR _____ MAKE _____
 MODEL _____
 VIN # _____
 CC _____
 TYPE _____
 SPECIAL EQUIP _____

CAMPERS, TRAILERS, MOTOR

YEAR _____ MAKE _____
 MODEL _____
 VIN # _____
 TYPE _____
 PRICE NEW \$ _____

UNDERWRITING QUESTIONS

- 1.) Do you have any pets or animals? **No** **Yes (list qty. & breed)** _____
- 2.) Any property claims in the last 3 years? **No** **Yes (Dates and amount of claim)** _____
- 3.) Guns, computers or silverware/goldware over \$5000? **No** **Yes (list qty & value)** _____
- 4.) Jewelry over \$1500 per single item or \$2500 in total? **No** **Yes (list items & value)** _____
- 5.) Any detached structures? **No** **Yes (Describe & Condition)** _____
- 6.) How old is the roof? (ask what type... asphalt, wood shakes, etc.) _____
- 7.) Any debris on the premises? **No** **Yes (describe)** _____
- 8.) Is the house under renovation or repair? **No** **Yes (Describe)** _____
- 9.) Do you have a solid fuel heating device? **No** **Yes (Was it professionally installed?)** _____

HOMEOWNERS

Year Built _____
 If built before 1970, year updated: **Plumbing** _____ **Electric** _____ **Heating** _____ **Roof** _____
Water Heater _____ Is it strapped down? _____

Alarms _____ **Alarm Company** _____

Do you use nicotine in any form? **No** **Yes**

Current Insurance Company _____ Policy Number _____

Dwelling Coverage _____ Deductible _____ Personal Liability _____

Do you have Earthquake coverage? **No** **Yes**

Mortgage Company _____ Loan # _____

Address _____

Phone Number _____

RENTERS Type: **House** **Apt** (If Apt, how many units in building? _____)

Year Built _____

If built before 1970, year updated: **Plumbing** _____ **Electric** _____ **Heating** _____ **Roof** _____

CURRENT PROPERTY INSURANCE

Current Insurance Company _____ Dwelling Coverage _____

Deductible _____ Personal Liability _____ Personal Property _____

Current Premium _____ Other coverages (scheduled property, earthquake, endorsements) _____

UMBRELLA

Do you currently have a personal liability umbrella policy? **Yes** **No** **Current limits?** _____