

Klein Agency, Inc. Quote Form

Applicant's Name: _____ Occupation: _____
Co-Applicant's Name: _____ Occupation: _____
Address: _____ How long have you lived at this address: _____
City: _____ State: _____ Zip: _____
County: _____ Phone Number: _____
Email: _____ Cell Phone No.: _____
Current Carrier: _____ Time w/Carrier: _____
Policy # _____ Expiration Date: _____

HOME INFORMATION:

Year Home Was Built: _____ Any Updates? _____ Roof _____ Heat _____
Please note year of updates. _____ Electric _____ Plumbing _____
Amount Dwelling Insured For: \$ _____ Personal Property: \$ _____
Personal Liability (each occurrence) \$ _____ Medical Payment: \$ _____
Deductible: \$ _____
Feet From Fire Hydrant: _____ Miles from Fire Dept.: _____
Type of Heat: _____ Type of Dwelling: _____ Sq. Ft.: _____
Any Protective Devices: _____ Smoke Alarm _____ Fire Extinguisher _____ Dead Bolt _____ Security _____
Sewer/Sump Pump Coverage: _____ No _____ Yes - \$ _____
Do you have a dog? _____ No _____ Yes - Breed? _____ Other pets? _____
Do you have a trampoline? _____ No _____ Yes Do you have a swimming pool? _____ No _____ Yes
Do you have a wood burning stove? _____ No _____ Yes
Any scheduled Jewelry/Furs/Musical Instruments/Other: _____
Any losses?

Additional Coverage:

Umbrella: _____ No _____ Yes - \$ _____
Boat(s)? Year: _____ Make: _____ Model: _____
VIN Number: _____
Coverage: Comp. Ded.: \$ _____ Coll. Ded.: \$ _____
Liability Limits: _____
Motor: _____ HP \$ _____
Other:

AUTO INFORMATION:**Driver #1:** _____ Birth Date: _____ SS#: _____

Driver's License No.: _____ Age Licensed: _____

Usage: _____ Commute to Work? _____ (Miles 1-way) Good Student? ___ Yes ___ No

Violations: _____

Driver #2: _____ Birth Date: _____ SS#: _____

Driver's License No.: _____ Age Licensed: _____

Usage: _____ Commute to Work? _____ (Miles 1-way) Good Student? ___ Yes ___ No

Violations: _____

Driver #3: _____ Birth Date: _____ SS#: _____

Driver's License No.: _____ Age Licensed: _____

Usage: _____ Commute to Work? _____ (Miles 1-way) Good Student? ___ Yes ___ No

Violations: _____

Driver #4: _____ Birth Date: _____ SS#: _____

Driver's License No.: _____ Age Licensed: _____

Usage: _____ Commute to Work? _____ (Miles 1-way) Good Student? ___ Yes ___ No

Violations: _____

AUTO INFORMATION (Continued):

Vehicle #1: Year: _____ Make: _____ Model: _____

VIN Number: _____ ABS: _____ Airbags: _____

Alarms: _____ Driver of this car? _____

Coverage: Comp. Ded.: \$ _____ Coll. Ded.: \$ _____ Glass Coverage?: _____

Liability Limits: _____ Lien Holder: ___ Yes ___ No

Losses: _____

Vehicle #2: Year: _____ Make: _____ Model: _____

VIN Number: _____ ABS: _____ Airbags: _____

Alarms: _____ Driver of this car? _____

Coverage: Comp. Ded.: \$ _____ Coll. Ded.: \$ _____ Glass Coverage?: _____

Liability Limits: _____ Lien Holder: ___ Yes ___ No

Losses: _____

Vehicle #3: Year: _____ Make: _____ Model: _____

VIN Number: _____ ABS: _____ Airbags: _____

Alarms: _____ Driver of this car? _____

Coverage: Comp. Ded.: \$ _____ Coll. Ded.: \$ _____ Glass Coverage?: _____

Liability Limits: _____ Lien Holder: ___ Yes ___ No

Losses: _____