



marrs maddocks + associates

insurance services, inc.

Personal Insurance Application

(ALL information on this form must be completed in order to process your request)

| | | | | | | | | | |
|---|----------------------------|------|-------|---|------------|--------------|----------------------|----------------|--|
| Personal Auto | Name: | | | | | | | | |
| | Address: | | | | | | | | |
| | City: | | | State: | | | Zip Code: | | |
| | Home Phone Number: | | | | | Work Number: | | | |
| | Email: | | | Drivers License No.: | | | Social Security No.: | | |
| | Present Auto Ins. Carrier: | | | Expiration Date: | | | Premium: | | |
| Car No. | Year | Make | Model | Daily Miles Work/School | Annual Mi. | Driver Name | Age | Marital Status | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| Existing Coverage Limits: | | | | | | | | | |
| BI/PD: _____ Medical: _____ Uninsured Motorist: _____ Comp. Ded.: _____ Coll. Ded.: _____ | | | | | | | | | |
| Traffic Violations: _____ Accidents: _____ | | | | | | | | | |
| No. of Traffic Violations in last 3 years : _____ | | | | No. of Accidents in last 3 years: _____ At Fault: _____ Not at Fault: _____ | | | | | |

| | | | | | | | |
|--|--|--|--|--|---|--|--------------------|
| Personal Homeowners Dwelling Information | Current Insured Value of Home: \$ _____ | | Liability Limit: \$ _____ | | Year Built: _____ | | |
| | Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Other | | | | Number of Stories: _____ | | Square Feet: _____ |
| | Type of Construction: <input type="checkbox"/> Luxury <input type="checkbox"/> Custom <input type="checkbox"/> Standard | | | | Number of Fireplaces: _____ | | |
| | Type of Roof: <input type="checkbox"/> Wood Shake <input type="checkbox"/> Tile <input type="checkbox"/> Comp <input type="checkbox"/> Metal <input type="checkbox"/> Other | | | | Alarm Systems: <input type="checkbox"/> Local <input type="checkbox"/> Central <input type="checkbox"/> None | | |
| | Central Air? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Number of Bedrooms: _____ | | Number of Bathrooms: Full: _____ Half: _____ | | |
| | Living Room? <input type="checkbox"/> Yes <input type="checkbox"/> No | Family Room? <input type="checkbox"/> Yes <input type="checkbox"/> No | Dining Room? <input type="checkbox"/> Yes <input type="checkbox"/> No | Patio? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Size: _____ | Deck? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Size: _____ | | |
| | Homes 25 years and older- answer the following: | | | | | | |
| | 1. Earthquake retrofitted: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | 2. Dates following were updated: Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____ Circuit Breakers and Fuses: _____ | | | | | | |
| | Own any Other Home? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Do you maintain an office in home or give any private lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Present Insurance: Carrier: _____ Expiration Date: _____ Premium: _____ | | | | | | |
| | Any Losses within the Past 3 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, description of loss and date: _____ _____ _____ | | | | | | |