

Today's Date: _____ Producer Name: _____

Effective Date: _____ Producer Phone: _____ Number of Years known applicant: _____

Insured Name(s): _____ Insured Email: _____
(Insured name must be the name on deed of Home and Title of Vehicles)

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ County: _____

If at current address less than 3 years, please provide insured's previous address:

Street: _____ City: _____

County: _____ State: _____ Zip: _____

Highest Education: High School _____ Associates Degree _____ Bachelor's Degree _____ Law or Medical Degree _____

AUTOMOBILE QUESTIONNAIRE

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
YEAR				
MAKE				
MODEL				
VIN				
LIEN, LEASED or OWNED				

	DRIVER 1	DRIVER 2	DRIVER 3	DRIVER 4
FULL NAME*				
MALE / FEMALE	M___ F___	M___ F___	M___ F___	M___ F___
RELATIONSHIP TO INS'D	Insured			
DATE OF BIRTH				
SOCIAL SECURITY #				
DRIVER LICENSE #				
MARITAL STATUS	S___ M___ D___ W___	S___ M___ D___ W___	S___ M___ D___ W___	S___ M___ D___ W___
OCCUPATION **				
VEHICLE USE	Pleasure__ Work__ School__	Pleasure__ Work__ School__	Pleasure__ Work__ School__	Pleasure__ Work__ School__
MILES ONE WAY				
PRIMARY VEH DRIVEN				

*ALL LICENSED AGE HOUSEHOLD MEMBERS MUST BE LISTED ON THE POLICY (even if they don't drive).

**INDICATING OTHER CAN INCREASE PREMIUM

AUTOMOBILE QUESTIONNAIRE

Do any drivers qualify for Good Student discount? Yes___ No___ Driver Name: _____
 (documentation will be required upon issuance)

Are any drivers Away at School? Yes___ No___

If yes, is school more than 100 miles away? Yes___ No___ Name of School: _____

Does any member of the household drive a company car? Yes___ No___

If yes, provide carrier, limits and effective/expiration dates: _____

POLICY COVERAGE LIMITS LIABILITY (we do not quote less than 50/100 liability limits)

CSL___ Limit:_____ OR Split Limits___ (indicate split limits below)

Bodily Injury _____ UM/UIM _____

Property Damage _____ Medical Payments _____

PHYSICAL DAMAGE

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
COMP DED				
COLLISION DED				
ROADSIDE ASSISTANCE	25___ 50___ 75___ 100___ 200___ 250___	25___ 50___ 75___ 100___ 200___ 250___	25___ 50___ 75___ 100___ 200___ 250___	25___ 50___ 75___ 100___ 200___ 250___
RENTAL REIMBURSEMENT	20/600___ 25/750___ 30/900___ 40/1200___ 50/1500___	20/600___ 25/750___ 30/900___ 40/1200___ 50/1500___	20/600___ 25/750___ 30/900___ 40/1200___ 50/1500___	20/600___ 25/750___ 30/900___ 40/1200___ 50/1500___
LIABILITY ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLASS COVERAGE	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

Check here if **Personal Umbrella** Requested

Limit: 1 million___ 2 million___ 3 million___ Excess UM/UIM: Yes___ No___

Any Auto claims in past 5 years? Yes___ No___

If yes, provide details (date/type of loss/amount paid): _____

Current Carrier: _____ # of Years w/carrier: _____

Expiration Date: _____ Premium: _____ Limits: _____

Has coverage been cancelled or non-renewed in last 3 years? Yes___ No___

If yes, provide reason: _____



MIBS

Midwest Insurance
Brokerage Service, Inc.

HOMEOWNER QUESTIONNAIRE

Effective Date (if different): _____

Amount to be quoted on Dwelling: _____ (100% replacement cost) Deductible: _____

Liability Limit: _____ Medical Payments: _____

Schedule Jewelry/Furs/Fine Arts Etc. Amount: _____ (provide description & value of each item)

Water Back-up Limit (amount): _____ Sump Pump? Yes ___ No ___

Back-up sump pump system available? Yes ___ No ___

Identify back-up system: Gas Powered ___ Water Powered ___ Battery Powered ___ Whole House Generator ___

Year Built: _____ Purchase Date: _____ Purchase Price: _____

Square Footage: _____ Architecture Style: Ranch ___ Split Level ___ Colonial ___ Other: _____

of Stories: _____

of Bath Rooms: _____ Garage: Attached ___ Detached ___ Garage Size: 1car ___ 2car ___ 3car ___

Deck: _____ sq ft. Porch (open ___ enclosed ___ screened ___): _____ sq ft.

IF HOME IS MORE THAN 15 YEARS, YOU MUST PROVIDE THE YEAR THE UTILITIES WERE UPDATED:

Furnace _____ Electrical _____ Plumbing _____ Roof _____

Electrical System: Circuit Breakers ___ Fuses ___ (check one)

Any Homeowner claims in past 5 years? Yes ___ No ___

If yes, provide details (date/type of loss/amount paid): _____

Current Mortgage Company: _____

Current Carrier: _____ # of Years w/carrier: _____

Expiration Date: _____ Premium: _____

Has coverage been canceled or non-renewed in last 3 years? Yes ___ No ___

If yes, provide reason: _____

HOMEOWNER QUESTIONNAIRE

CHECK ALL THAT APPLY:

Number of Families: One___ Two___ Three___ Four___

Exterior Construction: Frame___ Aluminum___ Vinyl Siding___ Masonry___ Masonry Veneer___ Stucco___

Foundation Type: Slab___ Crawlspace___ Basement (unfinished)___ Basement (finished)___

Roof Type: Asphalt Shingle___ Architectural Shingle___ Tile or Slate___ Wood Shingle___ Tar & Gravel___

Roof Design: Gable___ Flat___ HIP___ Shed___ Mansard___ Gambrel___ Other_____

Heat Type: Gas___ Radiator___ Other:_____

Additional Features: Central HVAC ___ Wood Stove___ Fireplace #___ Hot Tub___ Trampoline: Open___ Enclosed___

Fenced Yard: Height of fence _____ ft. Swimming Pool: Above ground___ In ground___ Slide___ Diving Board___

Business in Home? If yes provide details: _____

of dogs on premises _____ Breed of each dog:_____

Does the Home have (Check):

Monitored Fire___ Burglar Alarm___ (must provide alarm certificate)

Dead Bolt___ Fire Extinguisher(s___ Smoke Alarms___

Is Property currently: For sale? Yes___ No___ In Foreclosure: Yes___ No___

Additional information:
