

Canceled Friday } Current Ins.

Auto/Home Quote

Called in, quoted-9/25

Primary Insured Karen Myers Spouse
DOB 9/27/1963 DOB
DL # AZ-1004824232 DL#
SS # SS#
Phone 580-730-9129 Phone
Email: Email
Address: 1307 W Maple Ave Duncan

Current Customer? Yes / No Do you own your home? Yes / No

How did you hear about us?

Do you have Life Insurance? Yes / No Spouse: Yes / No

What is your occupation? Spouse

Any additional drivers Name/DOB/DL #:
VIN: 1993 Ford F150 - 1FTDF15470LA74996

Lienholder? Yes/No Name/Address

VIN:
Lienholder? Yes/No Name/Address

VIN:
Lienholder? Yes/No Name/Address

Current Auto Insurance Coverage
Carrier Progressive Policy Term 6 / 12 Months Price Payment Method

Liability Coverage: 25/50/25 50/100/50 100/300/100

Deductible Amount: \$500 \$1000 Lia only.

UM/UII: Yes / No Coverage Amount: 25/50/25 50/100/50 100/300/100

Any additional coverages:

Auto Quote Sub. No. BN-31-2874202 Premium: \$107.42 \$80.12 mon.

Notes: She said that was too high \$110.00 \$83.79.

Property Address \_\_\_\_\_

Closing Date (New purchase only) \_\_\_\_\_ Purchase Date \_\_\_\_\_

Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Roof Year \_\_\_\_\_ Roof Material Type \_\_\_\_\_

Exterior Material Type \_\_\_\_\_

Foundation Type: Slab CrawlSpace Pier/Beam

Separate Structures / Size \_\_\_\_\_

**Updates to Electric:** Yes / No Year \_\_\_\_\_ **Updates to Plumbing:** Yes / No Year \_\_\_\_\_

**Pool:** Yes / No Fenced: Yes / No **Trampoline:** Yes / No Fenced: Yes / No

Primary Heat Source (Foremost Only): \_\_\_\_\_

**Fireplace:** Yes / No Type \_\_\_\_\_ Fuel \_\_\_\_\_

Floor Covering Material Type \_\_\_\_\_

Countertop Material Type \_\_\_\_\_

Replacement Cost Value (RCV): Yes / No Actual Cash Value (ACV): Yes / No

Amount of Insurance (Foremost) \_\_\_\_\_

Current Market Value minus land or ACV (Foremost) \_\_\_\_\_

Deductible Amount \_\_\_\_\_ Split Wind/Hail \_\_\_\_\_

Current Carrier \_\_\_\_\_ Price \_\_\_\_\_

Payment Method \_\_\_\_\_

**Home Quote Sub. No.** \_\_\_\_\_ **Premium:** \_\_\_\_\_

Notes:

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