

Auto/Home Quote

Primary Insured Ashley Bates Spouse Jessie
DOB 02/19/1990 DOB 7/29/1987
DL # R083801195 DL# S082024531
SS # _____ SS# _____
Phone 405-604-7659 Phone _____
Email: arbates08@gmail.com Email _____
Address: 1010 Hillside Dr. Pemy, OK 73077

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

Children: Yes / No Life Insurance: Yes / No

How much life insurance? _____ Carrier: _____

What is your occupation? _____ Spouse _____

Any additional drivers Name/DOB/DL #: _____

VIN: ~~_____~~ Date Purchased _____

Lienholder? Yes/No Name/Address _____

VIN: _____ Date Purchased _____

Lienholder? Yes/No Name/Address _____

VIN: _____ Date Purchased _____

Lienholder? Yes/No Name/Address _____

Current Auto Insurance Coverage

Carrier Allstate Policy Term 6 / 12 Months Price 2,261 Payment Method MAN.

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

Deductible Amount: \$500 \$1000

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

Any additional coverages: _____

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) _____

Amount of insurance must be no less than what the RCV is

Current Market Value minus land or ACV (Foremost) _____

Coverage will only payout this amount no matter what the value is determined to be.

Deductible Amount _____ Split Wind/Hail _____

Current Carrier _____ Price _____

Payment Method _____

Paperless Policy/Billing: Yes / No **(Customer must sign-up for a Farmers.com account)**

E-signature: Yes / No **Signal App (auto only):** Yes / No

Notes:

