Auto/Home Quote

Primary Insured __Corbin Henderson__   Spouse __Meghan Henderson__

DOB __10/19/1994__   DOB __1/26/1996__

DL # __V083192228__   DL# __G083616746__

SS # _____   SS# _____

Phone _____   Phone _____

Email: __corbin.henderson13@yahoo__   Email _____

Address: __125 N 7th St Comanche 73529__

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 #:~~

__Auto = $2,046 6 mons.   Home - $3,300 yr.__

VIN: __2022 Ford Explorer__ _____ Date Purchased _____

Lienholder? Yes/No   Name/Address _____

VIN: __2022 Toyota Tacoma doublecab__ _____ Date Purchased _____

Lienholder? Yes/No   Name/Address _____

VIN: _____ Date Purchased _____

Lienholder? Yes/No   Name/Address _____

Current Auto Insurance Coverage

Carrier __Mercury__   Policy Term   6 /(12 Months)   Price __2,717.04__   Payment Method _____

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: __Med $5,000__

home sup. No. 8554351816

Property Address _____

Closing Date (New purchase only) _____ Purchase Date __1/29/2018__

Year Built __1966__   Square Footage __1,332__

Roof Year_____ Roof Material Type_____

Exterior Material Type __Masonry_____

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) __$237,000 p.p. $118,500_____

<center>Amount of insurance must be no less than what the RCV is</center>

Current Market Value minus land or ACV (Foremost) _____

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

Deductible Amount__$1,500_____ Split Wind/Hail__2'1._____

Current Carrier__Mercury_____ Price __$1,826.__

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: Enhanced- $3,034.14 $3,323.00
_____

FAM- $3,371 - 0025406110
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