	nt Informati te:	on Worksheet		ODDOIL INSURANCE AGENCY		
Personal I	nformation	•		Aiming to Please While Targeting Your Insurance Ne		
					Himing 10 Mease M	Jhile angeling Joun Insurance Ve
Address:	ae.			City:		
License #		DOB	/ /			tate: ZIP:
Phone (C)		(W	_/ / /)		(Other)	
Additiona	l Driver Info	rmation:				
Driver N	ame	HH Relation	DOB	Gender	License #	Phone Number
						_
Why are you what do you what is you Outside of insurance? Current Can Name:	ou shopping? Ou enjoy doin our household Work/Group	What don't yo g for fun? annual income Life, where's y nation:	u like?e Range? N our life Premiun	et Worth? <u>\$</u> n: <u>\$</u>	Liability Limi	its:
How do yo	u pay your cu	rrent premium	s? <u>Monthl</u>	<u>y EFT</u> or <u>Ever</u>	y Six Months	
Discounts Home		Mobile Home	. Mo	torhome/Tvl	l Tr	Vatercraft
Motorcycle Good Student Defensive						
	Life					
Vehicles:						
Year	Make	Model		VI	N #	Driver
1 T						

Year	Make	Model	VIN #	Driver
Notes:				