

Client Info Sheet – Home & Auto

Date: _____ Agent: _____ Referral Source: _____ New Business _____ Spanish

First Named Insured: _____ Email: _____

Home #: _____ Work #: _____ Cell #: _____ Other #: _____

Second Named Insured: _____ Email: _____

Home #: _____ Work #: _____ Cell #: _____ Other #: _____

Name	DOB	SS#	DL#	Occupation / Education	Gender	Status
		- - ____ - ____				
		- - ____ - ____				
		- - ____ - ____				
		- - ____ - ____				
		- - ____ - ____				

Address: _____ County: _____ Inside City Limits:

Prior Address/Mailing: _____

Purchase Date: _____ Purchase Price/RC: _____ Quality: Economy Builder's Semi-Custom Custom

Year Built: _____ Square Footage: _____ Stories: _____ Bed/Bath: _____ Fireplace: _____ Construction: _____

Dwelling Coverage: _____ Wind/Hail: _____ All Other: _____ Liability: _____ Medical Payments: _____

Mortgage: _____ Loan # _____ Escrowed

Mortgage Address: _____ Time At Address: _____

Valuables: _____

Foundation	Primary Heat	Roof Material	Updates	Risk	Pet:
<input type="checkbox"/> Slab	<input type="checkbox"/> Gas – forced	<input type="checkbox"/> Composition	Roof: _____	<input type="checkbox"/> Trampoline	<input type="checkbox"/> Bite History
<input type="checkbox"/> Pier & beam	<input type="checkbox"/> Gas heaters	<input type="checkbox"/> Clay tile	Heat: _____	<input type="checkbox"/> Flood Quote	<input type="checkbox"/> Boat/ RV/ATV/MC
<input type="checkbox"/> Open found	<input type="checkbox"/> Electric	<input type="checkbox"/> Metal: class _____	Wiring: _____	<input type="checkbox"/> HoA	<input type="checkbox"/> Pool:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	Plumbing: _____	<input type="checkbox"/> Business Use	<input type="checkbox"/> PUP:

Discounts	Garage / Carport
<input type="checkbox"/> Mon. Fire <input type="checkbox"/> Local Fire <input type="checkbox"/> Fire extin. <input type="checkbox"/> Deadbolt	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Attached <input type="checkbox"/> Dettached
<input type="checkbox"/> Mon. Burg <input type="checkbox"/> Local Bur. <input type="checkbox"/> Sprinklers	<input type="checkbox"/> 1 car <input type="checkbox"/> 2 car <input type="checkbox"/> 3 car <input type="checkbox"/> Built In

Home Claims: _____

Adt Info: _____

Home Carrier: _____ Policy #: _____ Exp/Closing/NR: _____ Prem: _____
 Auto Carrier: _____ Policy #: _____ Exp/NR: _____ Prem: _____
 Umbrella Carrier: _____ Policy #: _____ Exp/NR: _____ Prem: _____
 Other: _____ Policy #: _____ Exp/NR: _____ Prem: _____

Client Info Sheet – Home & Auto

Year/Make/Model	VIN#	Use/One Way/Annual	Customization	Driver

Lien Lease Veh#: _____

Lien Lease Veh#: _____

Lien Lease Veh#: _____

Lien Lease Veh#: _____

Date of Incident	Operator	Type of Incident	Payout
___ / ___ / ___			
___ / ___ / ___			
___ / ___ / ___			
___ / ___ / ___			
___ / ___ / ___			
___ / ___ / ___			

Discounts		Risk	
<input type="checkbox"/> Good Student:	<input type="checkbox"/> Defensive Driving:	<input type="checkbox"/> SR22:	<input type="checkbox"/> License Status:
<input type="checkbox"/> Driver's Training:	<input type="checkbox"/> Away at School:	<input type="checkbox"/> Lapse in Coverage:	<input type="checkbox"/> Uber Driver:

Liability	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
UM/UIM	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
PIP / MED					
Comp / Collison	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
Roadside/Towing					
Rental					

Adt Info: _____

Alternate Garaging Address

Veh#: _____ Reason: _____

Veh#: _____ Reason: _____

Instructions: Click File, Save As and select the location where you want to save and name your file to disk.
Email completed application to apps@combinedgroup.com.