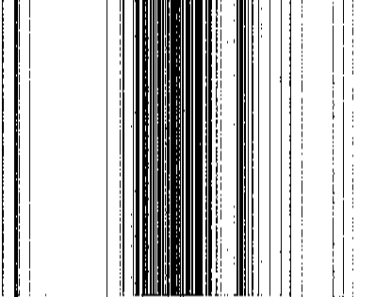


PERSONAL LINES QUOTE SHEET PERSONAL AUTO



GENERAL INFORMATION

Name Insured: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Territory: _____ Limit of Liability _____ / _____ / _____ Med Pay: _____
 U/M Limit: _____ UIM Limit: _____ Tow Limit: _____ Rental: _____

Vehicle Information	# 1	# 2	# 3	# 4
Year				
Make				
Model				
Comp Ded.				
Coll. Ded.				
Symbol				
Use				
Air Bags One/Both				
Vehicle VIN#				

Driver Information	# 1	# 2	# 3	# 4
Date of Birth				
SS #				
NC DL#				
Year License				
Marital Status				

Any driver had any tickets or accidents in the last 5 years? Please explain:

Prior Carrier: _____ If Substandard - do you write coverage now? Yes No
 Home owners written in conjunction with auto? Yes No

I, _____ do hereby give _____ Insurance Agency, Inc. permission to pull my motor vehicle report, and check my credit as it may apply to my Insurance coverages.

Signature: _____ Date: _____

Print Form

Important: This quote is a non-binding price indication that is subject to a signed application and approval from our office.

Today's Date: _____

Agency: _____ All Risks Broker # _____

Contact: _____ Phone: _____ Fax: _____

Please bind effective: _____ **No coverage is bound until confirmed by our office!**

Insured: _____ Occupation: _____

Location of Risk: _____

Usage: Primary Secondary Seasonal Tenant Vacant/Unoccupied

Previous/Current Carrier: _____ Expiration Date: _____

Bankruptcy/Foreclosure/Repossession within the past 3 years? Yes No

Losses in Past 3 Years:

<u>Date of loss</u>	<u>Description</u>	<u>Amount paid or Reserved</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Deductible: All perils: _____ Wind/Hail: _____ Construction: _____ Protection Class: _____

Year Built: _____ Updates: Wiring _____ Plumbing _____ Heating _____ Roof _____

Wood Stove? Yes No Square Footage: _____ # of Stories: _____ # of Families: _____

Distance from coastal water (includes ocean, gulf, bay, or sound): _____

HO-3 _____ HO-4 _____ HO-6 _____ HO-8 _____ DP-1 _____ w/V&MM _____ DP-3 _____

<u>Coverage</u>	<u>Limits</u>	<u>Other Exposures</u>
Dwelling RC/ACV	_____	Pool? Yes <input type="checkbox"/> No <input type="checkbox"/> Fenced? _____
Other Structures	_____	Animals? Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Property	_____	Type/Breed _____
Loss of Use/Rents	_____	Trampoline? Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Liability	_____	Business, Day Care or Farming? Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Payments	_____	Comment _____
Water Back Up	5k <input type="checkbox"/> 10k <input type="checkbox"/> 25k <input type="checkbox"/>	Central Station Fire Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>
(HO-3 and DP-3 only)		Central Station Burglar Alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>