



## Homeowners Insurance Questionnaire

Referred by: **Ralston Enterprises Inc.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Current address \_\_\_\_\_

Property address \_\_\_\_\_

City Limits: **yes / no** Miles to Fire Station \_\_\_\_\_ Feet to Hydrant \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

He: \_\_\_\_\_ She \_\_\_\_\_ Fax \_\_\_\_\_

DOB: He \_\_\_\_\_ She \_\_\_\_\_ SS#He \_\_\_\_\_ She \_\_\_\_\_

(Circle if applicable)

Dr. Nurse Police Fireman Engineer Teacher

Current Carrier : \_\_\_\_\_ Policy # \_\_\_\_\_ Renewal/date \_\_\_\_\_

Coverage Amount: Liability \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Losses? Details \_\_\_\_\_

Year Built \_\_\_\_\_ Construction: \_\_\_\_\_ Stories \_\_\_\_\_ Total Sq Ft. \_\_\_\_\_

Unique Features: \_\_\_\_\_ Basement \_\_\_\_\_ Y \_\_\_\_\_ N Finished Sq Ft. \_\_\_\_\_

Garage: #Cars: \_\_\_\_\_ Attached \_\_\_\_\_ Detached \_\_\_\_\_ Carport \_\_\_\_\_

Roof: \_\_\_\_\_ Age: \_\_\_\_\_ Bath # Full \_\_\_\_\_ #Half \_\_\_\_\_ Primary Heat Source \_\_\_\_\_

Central Air: \_\_\_\_\_ # Fireplaces \_\_\_\_\_ #Hearths \_\_\_\_\_ # Chimneys \_\_\_\_\_ Wood Stove: \_\_\_\_\_

Covered Deck/ Porches/ Patios: \_\_\_\_\_ Sq Ft: \_\_\_\_\_

Interior Detail: Economy \_\_\_\_\_ Custom \_\_\_\_\_ Design \_\_\_\_\_

% of Floor Coverings- Carpet \_\_\_\_\_ linoleum \_\_\_\_\_ Hardwood \_\_\_\_\_

Laminate \_\_\_\_\_ Tile \_\_\_\_\_

Alarms: SA/DB/FE Other: \_\_\_\_\_ Central Station: \_\_\_\_\_ Scheduled PP \_\_\_\_\_

Pool: \_\_\_\_\_ ( Fenced/Slide/ Diving/Cover) Trampoline \_\_\_\_\_ Business on Premises \_\_\_\_\_

Animals: Ttl #: \_\_\_\_\_ Breed/Age \_\_\_\_\_ Bite History \_\_\_\_\_

Updates if over 30 years \_\_\_\_\_ Breakers: Year \_\_\_\_\_ Complete /Partial Y\_\_N\_\_

\_\_\_\_\_ Heating : Year \_\_\_\_\_ Complete /Partial Y\_\_N\_\_

\_\_\_\_\_ Plumbing : Year \_\_\_\_\_ Complete /Partial Y\_\_N\_\_

\_\_\_\_\_ Roof: Year \_\_\_\_\_ Complete /Partial Y\_\_N\_\_



## Auto Insurance Questionnaire

Referred by : Ralston Enterprises Inc.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ How Long ? \_\_\_\_\_ Rent/Own

Previous Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ He/Cell: \_\_\_\_\_ He/Work: \_\_\_\_\_

She/Cell: \_\_\_\_\_ She/Work: \_\_\_\_\_ Fax \_\_\_\_\_

Referred by : Ralston Enterprises Inc. (Circle one if applicable)

Doctor Nurse Police Fireman Engineer Teacher

Current Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Renewal date/Cancel date \_\_\_\_\_ Years w/company \_\_\_\_\_ BI/PD \_\_\_\_\_

Comp: \_\_\_\_\_ Med \_\_\_\_\_ Tow \_\_\_\_\_ Rental: \_\_\_\_\_ day \_\_\_\_\_

Drive Name      Sex      DOB      Married/Single      SS#      Relationship

1. \_\_\_\_\_

DL# \_\_\_\_\_ Citations/Accidents \_\_\_\_\_ Vehicle Driven \_\_\_\_\_

2. \_\_\_\_\_

DL# \_\_\_\_\_ Citations/Accidents \_\_\_\_\_ Vehicle Driven \_\_\_\_\_

3. \_\_\_\_\_

DL# \_\_\_\_\_ Citations/Accidents \_\_\_\_\_ Vehicle Driven \_\_\_\_\_

4. \_\_\_\_\_

DL# \_\_\_\_\_ Citations/Accidents \_\_\_\_\_ Vehicle Driven \_\_\_\_\_

5. \_\_\_\_\_

DL# \_\_\_\_\_ Citations/Accidents \_\_\_\_\_ Vehicle Driven \_\_\_\_\_

Other occupants/Relationships/Ages: \_\_\_\_\_ GSD \_\_\_\_\_

Year/Make/Model      Miles to Work/Use      Comp/Coll Deductibles

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Lien Veh #(s) \_\_\_\_\_

### Carriers we quote:

Met Life • Kemper • The Hartford • Progressive • Safeco • Liberty Northwest