



marrs maddocks + associates

insurance services, inc.

Personal Insurance Questionnaire

(ALL information on this form must be completed in order to process your request)

Personal Auto		Name:							
		Address:							
		City:			State:			Zip Code:	
		Home Phone Number:				Work Number:			
		Email:			Drivers License No.:			Social Security No.:	
		Present Auto Ins. Carrier:			Expiration Date:			Premium:	
Car No.	Year	Make	Model	Daily Miles Work/School	Annual Mi.	Driver Name	Age	Marital Status	
1.									
2.									
3.									
Existing Coverage Limits:									
BI/PD: _____ Medical: _____ Uninsured Motorist: _____ Comp. Ded.: _____ Coll. Ded.: _____									
Traffic Violations:									
No. of Traffic Violations in last 3 years : _____				Accidents:					
				No. of Accidents in last 3 years: _____ At Fault: _____ Not at Fault: _____					

Personal Homeowners Dwelling Information	Current Insured Value of Home:		Liability Limit:		Year Built:		
	\$		\$				
	Construction Type:				Number of Stories:		Square Feet:
	<input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Other						
	Type of Construction:				Number of Fireplaces:		
	<input type="checkbox"/> Luxury <input type="checkbox"/> Custom <input type="checkbox"/> Standard						
	Type of Roof:				Alarm Systems:		
	<input type="checkbox"/> Wood Shake <input type="checkbox"/> Tile <input type="checkbox"/> Comp <input type="checkbox"/> Metal <input type="checkbox"/> Other				<input type="checkbox"/> Local <input type="checkbox"/> Central <input type="checkbox"/> None		
	Central Air?		Number of Bedrooms:		Number of Bathrooms:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				Full: _____ Half: _____		
	Living Room?	Family Room?	Dining Room?	Patio?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deck? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, What Size:		If Yes, What Size:	
Homes 25 years and older- answer the following:							
1. Earthquake retrofitted: <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. Dates following were updated: Heating: _____ Plumbing: _____ Electrical: _____							
Roof: _____ Circuit Breakers and Fuses: _____							
Own any Other Home?			Do you maintain an office in home or give any private lessons?				
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Present Insurance:							
Carrier: _____		Expiration Date: _____		Premium: _____			
Any Losses within the Past 3 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, description of loss and date:							

