JEWELL
PROFESSIONAL
INSURANCE

REQUEST FOR QUOTATION

Date new coverage needs to be effective:
____

Your name: ____ Date: __________

Business name: ____

Home Address: ____

Mailing Address if different than above: ____

____

Phone: __________________ Fax: __________________ Email: ____________________

Are you a fulltime student: ☐ Yes ☐ No

Do you want a quote for: ☐ Personal Insurance ☐ Auto & Home ☐ Only Auto ☐ Umbrella

Describe Your Autos: Drivers License No.: ________________ State: _____ Year Started Driving: _____

Date of Birth: ________________ Social Security Number: _______________________

Another other drivers in your household: **(name)-(date of birth)-(social security number) required for each driver** ______________________________

____

____

Describe Your Autos:

Vehicle #1:

Year______ **Make**: ______________ Model: ______________ Identification No.: ______________

Annual Mileage: ______________ Usage: ☐ Pleasure ☐ To Work 0-3 mi. ea. Way ☐ Business

Is auto leased? Please cho Name of Primary Driver: ____________________ Cost New of Auto: $__________

Vehicle #2:

Year______ **Make:** ______________ Model: ______________ Identification No.: ______________

Annual Mileage: ______________ Usage: ☐ Pleasure ☐ To Work 0-3 mi. ea. Way ☐ Business

Is auto leased? Please Ch Name of Primary Driver: ____________________ Cost New of Auto: $__________

Vehicle #3:

Year______ **Make:** ______________ Model: ______________ Identification No.: ______________

Annual Mileage: ______________ Usage: ☐ Pleasure ☐ To Work 0-3 mi. ea. Way ☐ Business

Is auto leased? Please Ch Name of Primary Driver: ____________________ Cost New of Auto: $__________

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Do you currently have coverage? ☐ Yes ☐ No If yes, what is the company's name: ____________________

Do you have any violations or claims (accidents): ☐ Yes ☐ No

If yes, please explain: ____

Coverages, Limits of Liability and Deductibles:

Liability (Bodily Injury and Property Damage): $______________________

Uninsured/Underinsured Motorists: $ ______________________________

Collision: ☐ $500 Deductible ☐ $1,000 Deductible ☐ Other Full Glass Coverage? ☐ Yes ☐ No

Do you need towing & roadside assistance? _______ Transportation expenses? __________

Personal Umbrella Insurance: Prefer us to offer: ☐ $1M ☐ $2M ☐ Greater than $2M

You are:

Have you taken any defensive driving courses, if yes, when? ________________________________

Where did you purchase your vehicle? ____

Only complete page two if you would like us to provide a HOMEOWNERS quotation.

REQUEST FOR QUOTATION

Date new coverage needs to be effective: ______________________________

Homeowners – Property and Premises Liability Coverage: (complete for each location)

How long have you lived at your current address: ____

Do you (select one): Own the home

Dwelling Value: $____________________________ Contents Value: $ ____________________________

Do you have a garage: ☐ No ☐ Yes How many bays: Please Choose Type of garage: Please Choose

Property Deductible (select one): ☐ $500 ☐ $1000 Other $ ______________________________

Please check the type of building construction (please select only one):

Building type: Please Choose Inside City Limits? Please Choose

Age of building: __________ # of Stories: _______ Sq. Ft.:_________ Foundation type: Please Choose

If bldg. is older than 20 years, please enter the year below for any updates made to the building:

Rewired ____________ Reroofed _____________ Replumbed____________ Heat/AC upgrades____________

Any other updates or remodeling? ____

Do you occupy 100% of home ☐ Yes ☐ No Description of other occupants:______________________

Name of closet fire department:______________________ Do you have fire hydrants on your street?_________

Is the dwelling 100% sprinklered? ☐ Yes ☐ No

What type of burglar/fire alarm: Please Choose Other safety features: ______________________________

Premises Liability Limit:

Please choose one: Please Choose

What style is your dwelling: ________________________ Type of roof:______________________________

Number of Bedrooms: ____________

Number of Bathrooms: ___________ Half baths: _____________

Do you have a fireplace: ☐ Yes ☐ No

Do you have any pets: ☐ Yes ☐ No

Any swimming pools on your premises: : ☐ Yes ☐ No

Is there a trampoline on your premises: : ☐ Yes ☐ No

Do you conduct any business from your home: : ☐ Yes ☐ No

What is your primary heat source: ____

Do you have central air conditioning: ☐ Yes ☐ No

Current Insurance & Claims History:

(If available, please attach copies of your current coverage pages for comparison)

Name of current homeowners insurance company: ____

Have you had any claims in the last 3 years: ☐ Yes ☐ No

If yes, please explain:

When completed, fax to **1-860-232-5801**. Please make sure the phone number and email listed above is accurate so we can return the proposals to you.