Account Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_ \_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address/Physical Location** | **Primary Residence** | **Secondary Residence** | **Rented Out?** | **Currently Insured By** ***(list agency name)*** | **Policy Exp. Date** |
|  |  |  | **Y / N** |  |  |
|  |  |  | **Y / N** |  |  |

**Automobiles/Recreational Vehicles/Watercraft**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Description** | **Primary** **Operator** | **Currently Insured By*****(list agency name)*** | **Policy Exp.****Date** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |  |   |
|  |  |  |  |  |

**Primary Residence**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage Type** | **Current Value** | **Deductible** | **Notes** |
| **Dwelling** | $ |  |  |
| **Personal Property** | $ |  |  |
| **Personal Liability** | $ |  |  |
| **Medical Payments** | $ |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Was existing coverage reviewed with customer?** | **Yes** | **No** |
| **Coverage Type** | **Offered, Accepted** | **Offered, Rejected** | **Requested Info/Quote** |
| **Automobile Limits: Increase Needed?** |  | **If rejected, do limits meet minimum coverage standards of agency?****Yes / No** |  |
| **Scheduled Property** |  |  |  |
| **Umbrella:****Increase Needed?**  |  | **If rejected, was a waiver signed?**  **Yes / No** |  |
|  |  |  |  |
| **Is the coverage being moved to a new carrier? Yes / No** | **If Yes, were changes in coverage discussed with the customer?****Yes / No** |

|  |  |
| --- | --- |
| **Other Recommendations or Notes:** |  |
|  |
|  |
|  |
|  |
|  |

**The recommended coverages have been discussed with me and I agree to decline the coverages as indicated above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Agency Representative Signature Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Customer Signature Date**

**Was this form completed over the phone? Yes / No**

 **If yes, was a copy/confirmation of discussion sent to the customer? Yes / No**