Iscential Quote Info:

|  |  |  |  |
| --- | --- | --- | --- |
| Agents Name? |  | Today’s Date |  |
| Who Referred? |  | Effective Date |  |

|  |
| --- |
| **Quotes Desired:**  Primary Home Secondary Home Renters/Contents Only Landlord/TD3 Flood Auto  Jewelry/Fine Arts/Wine/Etc, Umbrella/Excess Liability Life Insurance |

**Personal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Your Legal Name Gender | Male Female | Spouse’s Legal Name  Gender | Male Female |
| Your DOB |  | Spouse DOB |  |
| Your DL# | **#     , State** | Spouse DL# | **#     , State** |
| Your Phone# |  | Spouse  Phone# |  |
| Your Email |  | Spouse Email |  |
| Your EmployerOccupation |  | Spouse’s EmployerOccupation |  |
| Highest Level of Education | HS BS/BA Masters PhD/MD | Highest Level of Education | HS BS/BA Masters PhD/MD |
| Marital Status  Pets? Yes No | Married Single Widowed  Type & Breed | How many Children?  Total people in Household? |  |
| Primary/Prospective address | How long at this address | Last Permanent/Current address: | How long at this address |
| Address | Pool? Yes No | Address | Pool?Yes No |
| Address  Short term rental? Yes No | Pool? Yes No | Address  Short Term Rental Yes No | Yes No. Pool? Yes No |
| Leasing home back to Seller?  If so, for how long? | Yes No  Less than 30 days  30 days+ | Renovate prior to Move-In? | Yes No |
| Current Iscential/Higg Client? | Yes  No | Current Flood Insurance? | Yes No |

**Home Info below is for:** Primary Secondary Rental **ADDRESS**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Majority of building material on outside of home | Brick/Stone  Stucco  Wood  Hardiplank | Year Built of Home  Sq Ft:  How Many Stories? |  | Number of Bedrooms  Number of Bathrooms  # of Fireplaces |  |
| Insured Value:  $200/sq ft Normal Home  $300/sq ft Luxury Home |  | Sales/Market Value price?  Purchase Date |  | Current HO/Renters Carrier  How Long with Carrier?  Current HO Coverage$$: |  |
| Owned by LLC,Trust, Inc?  Name of entity | Yes No | Slab, Crawlspace, Posts?  Lattice or Open crawlspace? | Yes No | 1,2,3,4 car garage?  Attached? |  |
| Flooring | Wood  Carpet  Tile  Marble  Linoleum | Monitored Burglar Alarm?  Monitored Fire Alarm? | Yes No  Yes No | Pool?  Trampoline? | Yes No  Yes No |
| HVAC Replace Year |  | Plumbing Replace Year  Age of Water Heater |  | Electrical Wiring ReplaceYear? |  |

|  |
| --- |
| **Roof Info:**  Type of Roof (Check all that apply): Normal Pitch Gable Normal Pitch Hip Flat Low Sloped Rooftop Terrace, Other:  Roof Material: Comp Shingle Metal/Tin Tile Slate Tar/Gravel Fiberglass Membrane, Other:  Year the Roof was last replaced: |

**Condo,** **Townhome,** **Renters Insurance Info:**

|  |  |
| --- | --- |
| Does the HOA carrier insurance on the building? Yes No  How much coverage do you want for your belongings?  How much coverage do you want for your interior buildout? | How Many Units are in the same building?  What floor is your unit on?  How many total floors in your building? |

|  |
| --- |
| **Other Discounts:**  Guard Gated Community Fire Sprinkler Mortgage Free Perimeter Gate Low Temperature Monitor  Lightning Protection Permanently Installed Generator Auto water shutoff/Leak Detection |

Notes:

|  |
| --- |
|  |

## Auto Coverage Information

|  |  |  |  |
| --- | --- | --- | --- |
| Auto1 VIN:  Year, Make and Model  Who drives?  Est. Annual Mileage?  Usage  Year Purchased  Leased or Financed? | Commuter Pleasure Business    Leased Financed Owned | Auto2 VIN  Year, Make and Model  Who drives?  Est. Annual Mileage?  Usage  Year Purchased  Leased or Financed? | Commuter Pleasure Business    Leased Financed Owned |
| Auto3 VIN  Year, Make and Model  Who drives?  Est. Annual Mileage?  Usage  Year Purchased  Leased or Financed? | Commuter Pleasure Business    Leased Financed Owned | Auto4 VIN  Year, Make and Model  Who drives?  Est. Annual Mileage?  Usage  Year Purchased  Leased or Financed? | Commuter Pleasure Business    Leased Financed Owned |
| Auto5 VIN  Year, Make and Model  Who drives?  Est. Annual Mileage?  Usage  Year Purchased  Leased or Financed? | Commuter Pleasure Business    Leased Financed Owned | Auto6 VIN  Year, Make and Model  Who drives?  Est. Annual Mileage?  Usage  Year Purchased  Leased or Financed? | Commuter Pleasure Business    Leased Financed Owned |
| Additional Driver Name  Date of Birth  DL#  Address  Relationship to you  150+miles away?  If so, with car?  Good Student? | Yes No  Yes No  Yes No | Additional Driver Name  Date of Birth  DL#  Address  Relationship to you  150+miles away?  If so, with car?  Good Student? | Yes No  Yes No  Yes No |
| Additional Driver Name  Date of Birth  DL#  Address  Relationship to you  150+miles away?  If so, with car?  Good Student? | Yes No  Yes No  Yes No | Additional Driver Name  Date of Birth  DL#  Address  Relationship to you  150+miles away?  If so, with car?  Good Student? | Yes No  Yes No  Yes No |
| Current Liab Limits  Current auto carrier  Years with carrier |  | Annual Cost |  |
| Any Tickets?  Who?  When?  What type? | Yes No | Accidents?  Who?  When?  Details | Yes No |

**Excess Liability / Umbrella Information**

|  |  |  |
| --- | --- | --- |
| How Much Excess Liability/Umbrella Coverage do you want? |  |  |
| Approximate Net Worth |  |  |
| Non-Profit Board Member? | Yes No | What Board? |
| Domestic Employees (nanny, housekeeper, etc)? | Yes No |  |
| Would you like Uninsured/Underinsured Coverage? | Yes No |  |

Notes:

|  |
| --- |
|  |

**Collections Coverage**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Amount of **Scheduled** Jewelry  Highest Valued Item |  | Total Amount of **Blanket** Jewelry  Highest Valued Item |  |
| Total Amount of **Scheduled** Fine Arts  Highest Valued Item |  | Total Amount of **Blanket** Fine Arts  Highest Valued Item |  |
| Total Amount of **Scheduled** Guns  Highest Valued Item  Collector OR Hobby Gun? |  | Total Amount of **Blanket** Guns  Highest Valued Item  Collector OR Hobby Gun? |  |
| Total Amount of **Scheduled** Wine  Highest Valued Item |  | Total Amount of **Blanket** Wine  Highest Valued Item |  |
| Other **Scheduled** Items  Highest Value Item  Please list what kind of item |  | Other **Blanket** Items  Highest Value Item  Please list what kind of item |  |

Notes:

|  |
| --- |
|  |

**Home Info below is for:** Primary Secondary Rental **ADDRESS**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Majority of building material on outside of home | Brick/Stone  Stucco  Wood  Hardiplank | Year Built of Home  Sq Ft:  How Many Stories? |  | Number of Bedrooms  Number of Bathrooms  # of Fireplaces |  |
| Insured Value:  $200/sq ft Normal Home  $300/sq ft Luxury Home |  | Sales/Market Value price?  Purchase Date |  | Current HO/Renters Carrier  How Long with Carrier?  Current HO Coverage$$: |  |
| Owned by LLC,Trust, Inc?  Name of entity | Yes No | Slab, Crawlspace, Posts?  Lattice or Open crawlspace? | Yes No | 1,2,3,4 car garage?  Attached? |  |
| Flooring | Wood  Carpet  Tile  Marble  Linoleum | Monitored Burglar Alarm?  Monitored Fire Alarm? | Yes No  Yes No | Pool?  Trampoline? | Yes No  Yes No |
| HVAC Replace Year |  | Plumbing Replace Year  Age of Water Heater |  | Electrical Wiring ReplaceYear? |  |

|  |
| --- |
| **Roof Info:**  Type of Roof (Check all that apply): Normal Pitch Flat Low Sloped Rooftop Terrace, Other:  Roof Material: Comp Shingle Metal/Tin Tile Slate Tar/Gravel Fiberglass Membrane, Other:  Year the Roof was last replaced: 2019 |

**Condo,** **Townhome,** **Renters Insurance Info:**

|  |  |
| --- | --- |
| Does the HOA carrier insurance on the building? Yes No  How much coverage do you want for your belongings?  How much coverage do you want for your interior buildout? | How Many Units are in the same building?  What floor is your unit on?  How many total floors in your building? |

|  |
| --- |
| **Other Discounts:**  Guard Gated Community Fire Sprinkler Mortgage Free Perimeter Gate Low Temperature Monitor  Lightning Protection Permanently Installed Generator Auto water shutoff/Leak Detection |

Notes:

|  |
| --- |
|  |

**Home Info below is for:** Primary Secondary Rental **ADDRESS**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Majority of building material on outside of home | Brick/Stone  Stucco  Wood  Hardiplank | Year Built of Home  Sq Ft:  How Many Stories? |  | Number of Bedrooms  Number of Bathrooms  # of Fireplaces |  |
| Insured Value:  $200/sq ft Normal Home  $300/sq ft Luxury Home |  | Sales/Market Value price?  Purchase Date |  | Current HO/Renters Carrier  How Long with Carrier?  Current HO Coverage$$: |  |
| Owned by LLC,Trust, Inc?  Name of entity | Yes No | Slab, Crawlspace, Posts?  Lattice or Open crawlspace? | Yes No | 1,2,3,4 car garage?  Attached? |  |
| Flooring | Wood  Carpet  Tile  Marble  Linoleum | Monitored Burglar Alarm?  Monitored Fire Alarm? | Yes No  Yes No | Pool?  Trampoline? | Yes No  Yes No |
| HVAC Replace Year |  | Plumbing Replace Year  Age of Water Heater |  | Electrical Wiring ReplaceYear? |  |

|  |
| --- |
| **Roof Info:**  Type of Roof (Check all that apply): Normal Pitch Flat Low Sloped Rooftop Terrace, Other:  Roof Material: Comp Shingle Metal/Tin Tile Slate Tar/Gravel Fiberglass Membrane, Other:  Year the Roof was last replaced: |

**Condo,** **Townhome,** **Renters Insurance Info:**

|  |  |
| --- | --- |
| Does the HOA carrier insurance on the building? Yes No  How much coverage do you want for your belongings?  How much coverage do you want for your interior buildout? | How Many Units are in the same building?  What floor is your unit on?  How many total floors in your building? |

|  |
| --- |
| **Other Discounts:**  Guard Gated Community Fire Sprinkler Mortgage Free Perimeter Gate Low Temperature Monitor  Lightning Protection Permanently Installed Generator Auto water shutoff/Leak Detection |

Notes:

|  |
| --- |
|  |