

Integrity Risk Management

Personal Lines Division

www.IntegrityRiskMgt.com
Personallines@integrityriskmgt.com

Reid Fisher

Personal Insurance Consultant
972-930-7086 ext 302 (office)
972-571-3174 (cell)
866-834-2396 (fax)
R.Fisher@IntegrityRiskMgt.com

Individual Home and Auto Policy Quote Form

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>	Alternate Telephone Number:	<input type="text"/>
Date of Birth:	<input type="text"/>	Social Security Number:	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
Best Method of Contact:	<input type="text"/>	Best Time to Contact:	<input type="text"/>

Policies I would like Shopped:

<input type="checkbox"/> Auto	<input type="checkbox"/> Health
<input type="checkbox"/> Home	<input type="checkbox"/> Life
<input type="checkbox"/> Boat	<input type="checkbox"/> Other

Home/Renters/Condo Policy Information

Policy Type:	<input type="text"/>	Year Built:	<input type="text"/>	Dwelling Usage:	<input type="text"/>
Exterior Walls :	<input type="text"/>	Construction Style:	<input type="text"/>	City Limits:	<input type="text"/>
Purchase/ Move in Date:	<input type="text"/>	How many units/ Apartments:	<input type="text"/>	# of Stories:	<input type="text"/>
Heating Type:	<input type="text"/>	Is there a burglar alarm:	<input type="text"/>	Square Footage:	<input type="text"/>
	Roof Age:	<input type="text"/>			
Name of Builder:	<input type="text"/>	# of Mortgagees:	<input type="text"/>	Pool:	<input type="text"/>
Dog Breed:	<input type="text"/>	Current Carrier:	<input type="text"/>	Trampoline:	<input type="text"/>

Home/Renters/ Condo Policy Coverages:

Liability:	<input type="text"/>
Medical Payments:	<input type="text"/>
Deductibles:	<input type="text"/>
	Policy Form: <input type="text"/>
Personal Property:	<input type="text"/>

Recommended Optional Endorsements:

Replacement Cost Coverage:	<input type="text"/>
Personal Umbrella Liability:	<input type="text"/>
Foundation/ Continuous Seepage:	<input type="text"/>
Water Back Up Coverage:	<input type="text"/>

Auto Policy Information

Current Liability: Current Carrier: Current Policy Term:

Insured Driver List	Date of Birth	Drivers License #	Primary Vehicle	Primary Usage
Full Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Drivers License Currently Suspended
 SR-22 Required
 A driver listed above does NOT reside at address

Year	Make	Model	Sub-Model	Vehicle Identification Number (VIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Auto Policy Coverages:

BI/PD Liability:

UM/UIM:

PIP:

Comprehensive Deductible:

Collision Deductible:

Towing:

Rental Coverage:

Driver Discounts:

Please Check ALL that apply:

- | | |
|---|--|
| <input type="checkbox"/> Multi Policy
(Up to a 25%)
Recommended | <input type="checkbox"/> Multi Vehicle |
| <input type="checkbox"/> Paid in full | <input type="checkbox"/> Good Student
(A-B Student) |
| <input type="checkbox"/> Accident Free
(5 Years) | <input type="checkbox"/> Mature Driver
(over 55 years old) |
| <input type="checkbox"/> Accident Free
(3 years) | <input type="checkbox"/> Defensive Driving
(Within 3 Years) |

Comments and Details (Please use this area to further explain any questions)