



STOERNER & HAVAS
I N S U R A N C E

Personal Insurance Quote Request

Complete the attached forms and return to:

Josh Matthews
11700 Valentine Rd
North Little Rock, AR 72117

OR

Fax: 501-975-5458

OR

Email: jmatthews@stoernerandhavas.com

Applicant Personal Info

Name (First, MI, Last): _____

Date of Birth: _____ SSN: _____ Sex: _____

Marital Status: _____ Occupation Industry: _____

Occupation Title: _____ Driver's License #: _____

License Suspended/Revoked in Last 5 Years: Yes No If yes, please explain: _____

Avg. Daily Vehicle Use: Pleasure To/From Work Business Miles to Work One Way: _____

Spouse/Co-Applicant Personal Info (if applicable)

Name (First, MI, Last): _____

Date of Birth: _____ SSN: _____ Sex: _____

Marital Status: _____ Occupation Industry: _____

Occupation Title: _____ Driver's License #: _____

License Suspended/Revoked in Last 5 Years: Yes No If yes, please explain: _____

Avg. Daily Vehicle Use: Pleasure To/From Work Business Miles to Work One Way: _____

Address

Physical Street Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____ Years at Address: _____

Previous Address (only if at current address less than one year)

Physical Street Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____ Years at Address: _____

Contact Information

Home Phone: _____ Cell Phone: _____

Email: _____

Insurance Needed (select all that apply)

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Boat | <input type="checkbox"/> Condo |
| <input type="checkbox"/> Health | <input type="checkbox"/> Home | <input type="checkbox"/> Life |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Renters |
| <input type="checkbox"/> RV | <input type="checkbox"/> Umbrella | <input type="checkbox"/> Other (Please specify): _____ |

**Note: Completion of these forms will only provide enough information for an auto and/or home quote. If additional information is needed upon receipt of these forms, someone from Stoerner & HaVas will be in touch with you via the contact information provided above.*

Auto Policy Information

Current Carrier Name: _____ **Current Policy Expiration Date:** _____

Years with Current Carrier: _____ **Current Premium:** _____

Bodily Injury and Property Damage Liability Limits (check the one closest to your current coverage):

- 25/50/25 50/100/50 100/300/100 250/500/100 500/500/100 100 CSL
 300 CSL 500 CSL Other (please specify): _____

Comprehensive Deductible: \$50 \$100 \$250 \$500 \$1,000 Other: _____

Collision Deductible: \$50 \$100 \$250 \$500 \$1,000 Other: _____

Towing: Yes No **Rental:** Yes No **Roadside Assistance:** Yes No

Additional Driver(s) Information

① Driver Name: _____ **DOB:** _____

Driver's License #: _____ **Relationship to Applicant:** _____

License Suspended/Revoked in Last 5 Years: Yes No **If yes, please explain:** _____

Avg. Daily Vehicle Use: Pleasure To/From Work Business **Miles to Work One Way:** _____

② Driver Name (if applicable): _____ **DOB:** _____

Driver's License #: _____ **Relationship to Applicant:** _____

License Suspended/Revoked in Last 5 Years: Yes No **If yes, please explain:** _____

Avg. Daily Vehicle Use: Pleasure To/From Work Business **Miles to Work One Way:** _____

③ Driver Name (if applicable): _____ **DOB:** _____

Driver's License #: _____ **Relationship to Applicant:** _____

License Suspended/Revoked in Last 5 Years: Yes No **If yes, please explain:** _____

Avg. Daily Vehicle Use: Pleasure To/From Work Business **Miles to Work One Way:** _____

Vehicle(s) Information

① Vehicle – Primary Driver Name: _____ Ownership Type: Owned Leased

Loan on Vehicle: Yes No Vehicle ID Number (VIN): _____

If VIN is unavailable, please provide the following:

Year _____ Make _____ Model _____ Other Info (SLE, crew cab, etc.) _____

② Vehicle – Primary Driver Name: _____ Ownership Type: Owned Leased

Loan on Vehicle: Yes No Vehicle ID Number (VIN): _____

If VIN is unavailable, please provide the following:

Year _____ Make _____ Model _____ Other Info (SLE, crew cab, etc.) _____

③ Vehicle – Primary Driver Name: _____ Ownership Type: Owned Leased

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If VIN is unavailable, please provide the following:

Year _____ Make _____ Model _____ Other Info (SLE, crew cab, etc.) _____

Discounts

Highest Level of Education of Applicant or Co-Applicant: _____

School Attended: _____

Other Policies to be Quoted (multi-policy discount may apply): _____

Driving Incidents within Previous 5 Years (if applicable)

① Incident Type (speeding ticket, at-fault accident, etc): _____

Date of Incident: _____ Driver Name: _____

If Applicable, Total Cost of Claim: _____ MPH/Zone if Speeding: _____

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Date of Incident: _____ Driver Name: _____

If Applicable, Total Cost of Claim: _____ MPH/Zone if Speeding: _____

**Please attach a separate form if additional space is needed*

Home Policy Information

Current Carrier Name: _____ Current Policy Expiration Date: _____

Years with Current Carrier: _____ Current Premium: _____

Dwelling Coverage Amount: _____ Desired Deductible: _____

Liability Coverage Amount: _____ Is there a lien/loan on the house? Yes No

Is this Your Primary Home? Yes No Is Home Inside City Limits? Yes No

Exterior Walls (vinyl siding, brick, aluminum siding, stucco, etc): _____

Year Built: _____ Purchase Date: _____ Square Footage: _____ # Stories: _____

Heating Type (electric, gas, etc): _____ Is it Central Forced Air? Yes No

Is there a fireplace? Yes No Is there a wood burning stove? Yes No

Updates

Has the roof been replaced? Yes No If yes, when? _____

Has the electrical been updated? Yes No If yes, when? _____

Circuit Breakers: Yes No Aluminum or Knob & Tube Wiring in home? Yes No

Has the Plumbing been replaced? Yes No If yes, when? _____

Has the water heater been replaced? Yes No If yes, when? _____

Underwriting

Has property insurance been cancelled, declined or non-renewed in last 5 years? Yes No

Is the home under construction? Yes No Is the home for sale? Yes No

Is there a swimming pool on the premises? Yes No Is it surrounded by a fence? Yes No

Are there dogs on the premises? Yes No If so, what breed(s)? _____

Has your dog(s) ever bitten a person to the point of breaking the skin? Yes No

Is there a business or daycare on the premises? Yes No

Discounts (check all that apply)

Fire Extinguisher Dead Bolt Locks Smoke Detectors

Fire Alarm - If yes, please select one: Central Fire Department Direct

Burglar Alarm - If yes, please select one: Local Central Police Direct

Claim Information Within Previous 5 Years (if applicable)

① Date of Loss: _____ Loss Amount: _____ Cause of Loss: _____

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**Please attach a separate form if additional space is needed.*