



EZ Quote Request

©2007 PSIS NFL 2030

For a rate quote on car and homeowners insurance, fax this form to 1-866-852-8522.

Or, send it to
Professional Solutions Insurance Services
PO Box 9118
Des Moines, IA 50306-9118

Get more discounts when you insure both your home and car.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

No. of years at this address: _____ Home Phone: (_____) _____ Work Phone: (_____) _____

Email: _____ Fax: (_____) _____

Your e-mail address will never sold. It will be used to send you important notices.

Are any vehicles garaged at an address other than your home address? YES NO If yes, where? _____

Occupation: _____

1 For a quote on your car insurance, please fill out sections 1-5

| | Driver's Name | Relationship | Date of birth (mo/day/yr) | Marital Status | Gender | Social Security # | Driver's License # |
|----|---------------|--------------|------------------------------|--|--|-------------------|--------------------|
| #1 | | | | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| #2 | | | | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| #3 | | | | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

Please list additional drivers and/or vehicles on a separate sheet of paper.

| | Year | Make (Buick, Ford, etc.) | Model (Caravan, Taurus, etc.) | Body (Truck, 2-door, etc.) | Car Usage | # Miles Driven One way | Annual Mileage | Vehicle Identification # (VIN) <small>(can be found on your registration, car dash or driver's side door)</small> | Primary Operator |
|----|------|-----------------------------|----------------------------------|-------------------------------|--|------------------------|----------------|--|------------------|
| #1 | | | | | <input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commute-work/school | | | | |
| #2 | | | | | <input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commute-work/school | | | | |
| #3 | | | | | <input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commute-work/school | | | | |

3 Describe any accidents or violations you've had in the past 5 years.

none, check here:

| Driver's Name | Date of Accident or Violation (month/day/year) | Accident | Violation | Vandalism | Theft | Was Driver Responsible? | Anyone Injured? | Amount of claim or type of violation |
|---------------|---|----------|-----------|-----------|-------|--|--|--------------------------------------|
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please list additional accidents or violations on a separate sheet of paper.



4 Please complete this section, or attach a copy of your auto insurance declarations page

Bodily injury: \$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000
(per person/per occurrence) \$250,000/\$500,000 Other \$ _____ /\$ _____

Property damage: \$25,000 \$50,000 \$100,000 \$250,000 Other \$ _____

Medical payments: \$5,000 \$10,000 \$25,000 Other \$ _____

Uninsured/Underinsured: \$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000
 \$250,000/\$500,000 Other \$ _____ /\$ _____

Comprehensive deductible: \$250 \$500 \$1,000 Other \$ _____

Collision deductible: \$250 \$500 \$1,000 Other \$ _____

Rental?: Yes No Towing?: Yes No

5 Previous coverage and additional information

Has your car insurance lapsed in the past year? Yes No

Current carrier: _____ Renewal date: _____ / _____ / _____
Mo Day Yr

Name of full-time student who drives with a 3.0 or better grade point average: _____

Number in household: _____ Number of licensed drivers in household: _____

If you are including your spouse, who holds the vehicle titles? _____

6 For a quote on your homeowners insurance, please fill out sections 6, 7 & 8

How many feet to a fire hydrant?: _____ In city limits? Yes No Year built: _____ Fireplace? Yes No

Type of heat source(s): _____ Roof type: _____ Smoke detectors? Yes No

Burglar alarms? Yes No Number of stories: _____ Business on premises? Yes No

Basement? Yes No Is basement finished? Yes No Construction Type: (frame, brick, masonry): _____

Swimming Pool? Yes No If yes, locked gate? Yes No Square footage of living area _____

Updates: roof (year: _____) electrical (year: _____) plumbing (year: _____) heating (year: _____)

Scheduled personal property (jewelry, furs, artwork, etc.): \$ _____ Dwelling: Family Condo/townhouse

Trampoline? Yes No Dog(s)? Yes No If yes, breed: _____

7 Previous coverage information

Current carrier: _____ Renewal date: _____ / _____ / _____
Mo Day Yr

Has your insurance ever been cancelled or declined? Yes No Any claims last 5 years? Yes No

8 Please complete this section, or attach a copy of your homeowners declarations page

Replacement cost of dwelling: \$ _____ Do you want a separate wind/hail deductible? Yes No

Personal liability: \$100,000 \$200,000 \$300,000 \$500,000 Other \$ _____

Medical payments: \$2,000 \$3,000 \$4,000 \$5,000 Other \$ _____

Deductible: \$500 \$1,000 \$2,500 Other \$ _____

While most of the information needed to determine a rate and issue a policy comes directly from you, other sources may be used where allowed by law. Other sources may include state motor vehicle reports, insurance claims history, and credit records. By submitting this form, I request Professional Solutions Insurance Services provide their insurance partners with only the information needed to provide me with an auto/homeowners coverage quote. Professional Solutions Insurance Services is a licensed insurance agency.

X

Signature

X

Date