

**DAVE MOSHER & ASSOCIATES
INSURANCE SERVICES, INC
PROPERTY & CASUALTY INSURANCE SURVEY**

How did you hear about Dave Mosher & associates? _____

What else can we help you with? _____

Producer : _____ Client: _____

PERSONAL INFORMATION

NAME: _____ DATE: _____ NEXT APPOINTMENT: _____

ADDRESS: _____ YEARS LOCATED: _____

PREVIOUS ADDRESS: _____ YEARS LOCATED: _____

<u>HOME PHONE</u>	<u>WORK PHONE</u>	<u>CELL PHONE</u>	<u>FAX NUMBER</u>	<u>E-MAIL ADDRESS</u>
- - - - -	- - - - -	- - - - -	- - - - -	_____
- - - - -	- - - - -	- - - - -	- - - - -	_____

<u>NAME</u>	<u>DOB</u>	<u>D/L#</u>	<u>STATE</u>	<u>SS#</u>	<u>Marital Stat.</u>
_____	/ /	_____	_____	- - - - -	_____
_____	/ /	_____	_____	- - - - -	_____
_____	/ /	_____	_____	- - - - -	_____
_____	/ /	_____	_____	- - - - -	_____
_____	/ /	_____	_____	- - - - -	_____

(Applicant 1)

EMPLOYER NAME: _____ YEARS WORKED: _____

EMPLOYER ADDRESS: _____ OCCUPATION: _____

(Applicant 2)

EMPLOYER NAME: _____ YEARS WORKED: _____

EMPLOYER ADDRESS: _____ OCCUPATION: _____

Auto / Cycle Information

PRESENT INSURANCE CARRIER: _____ TIME WITH CURRENT CARRIER _____

RENEWAL DATE: ___ / ___ / ___ CURRENT PREMIUM: _____ POLICY TERM _____

<u>VEHICLE#</u>	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VEHICLE IDENTIFICATION#</u>	<u>PRIMARY DRIVER</u>
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1. _____

2. _____

3. _____

VEHICLE #: 1 Titled To: _____ Custom Equipment: _____

VEHICLE #: 2 Titled To: _____ Custom Equipment: _____

VEHICLE #: 3 Titled To: _____ Custom Equipment: _____

VEHICLE #: 1 USE (Work / Pleasure) MILES TO WORK: _____ ANNUAL MILES: _____

VEHICLE #: 2 USE (Work / Pleasure) MILES TO WORK: _____ ANNUAL MILES: _____

VEHICLE #: 3 USE (Work / Pleasure) MILES TO WORK: _____ ANNUAL MILES: _____

COVERAGES

DEDUCTIBLES

	<u>LIABILITY</u>	<u>MED PAY</u>	<u>UM/UIM</u>	<u>COMP</u>	<u>COLLISION</u>
VEHICLE #: 1	\$ _____ / _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
VEHICLE #: 2	\$ _____ / _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____
VEHICLE #: 3	\$ _____ / _____ / _____	\$ _____	\$ _____	\$ _____	\$ _____

OTHER COVERAGES / PACKAGE DISCOUNTS

DRIVING RECORD / CLAIMS

LOSS PAYEE NAME/ADDRESS

SR22

GOOD STUDENT

(Y/N) _____

(Y/N) _____

(Must provide a copy
of report card.)

HOME INFORMATION

CURRENT REPLACEMENT COST \$ _____ CURRENT PREMIUM \$ _____ DEDUCTIBLE \$ _____

PRIOR LOSSES _____

CONSTRUCTION TYPE: _____ STYLE (ie ranch) _____ YEAR BUILT: _____

SQUARE FEET: _____ NUMBER OF STORIES: _____ SIDING: _____

FIREPLACE (Y/N) _____ TYPE: _____ WOODBURNING STOVE (Y/N) _____

GARAGE (Y/N) _____ ATTACHED (Y/N) _____ # OF STALLS: _____ OTHER STRUCTURES (Y/N) _____

BATHS: _____ PORCHES / DECKS _____ SQ. FEET: _____ CENTRAL AIR (Y/N) _____

BASEMENT(FINISHED,UNFINISHED) %FINISHED: _____ WALKOUT (Y,N) _____

FLOORING: % HARDWOOD _____ % CARPET _____ % VINYL _____ % OTHER _____

ANYTHING CUSTOM _____

UPDATES

PLUMBING: _____ ELECTRICAL/AMP: _____ / _____ ROOF: _____ HEATING _____ TYPE _____

SCHEDULED PERSONAL PROPERTY _____

NUMBER OF FAMILIES: _____ PETS (Y/N) _____ TRAMPOLINE (Y/N) _____

SWIMMING POOL (Y/N) _____ FENCED (Y,N) _____ DIVING BOARD (Y,N) _____

FIRE DEPARTMENT / DISTANCE (MILES) _____ DISTANCE TO HYDRANT (FEET) _____

SMOKE DETECTORS (Y/N) _____ DEAD BOLT LOCKS (Y/N) _____ VACATION HOME (Y/N) _____

FIRE EXTINGUISHER (Y/N) _____ BURGLAR / FIRE ALARM: _____ UMBRELLA: _____

FLOOD INSURANCE(Y/N) _____ WATER BACKUP (Y/N) _____ EARTHQUAKE(Y/N) _____

IN HOME BUSINESS (Y/N) _____ TYPE OF BUSINESS: _____

MORTGAGEE / LAND CONTRACT HOLDER: _____ ESCROWED (Y/N) _____

RECREATIONAL VEHICLE (Boat, Snowmobile, ATV)

YEAR	_____	_____	_____	_____
MAKE	_____	_____	_____	_____
MODEL	_____	_____	_____	_____
CC's/ HP	_____	_____	_____	_____
MOTOR TYPE	_____	_____	_____	_____
VALUE	_____	_____	_____	_____
LENGTH	_____	_____	_____	_____