

Auto Quote Information Sheet



FARMERS®

Date of Quote _____ Effective Date _____ Lead Source _____

Driver

Name _____ Head of Household? Yes No
 Phone _____ E-Mail _____
 Residence Address _____
 Mailing Address _____
 Date of Birth _____ Age _____ SSN _____
 Months Continuous Coverage _____ Years Driving Experience _____
 Vehicle Usage _____ One-Way Miles _____
 Number of Days Commuting _____ Annual Miles _____
 Garaging Address _____
 Work/School Address _____
 Accidents/Tickets _____
 Company Farmers Mid-Century Tier _____

Vehicle

Year _____ Make _____ Model _____ VIN _____

Coverage

BI/PD _____ UM/UIM BI/PD _____
 PIP _____ Comprehensive Deductible _____
 Towing _____ Yes No Collision Deductible _____
 Rental Reimbursement _____ Glass Deductible Buyback _____ Yes No
 Residual Debt _____ Yes No Extended Theft (stereo) _____ Yes No
 Emergency Road Service _____ Yes No Other Coverages _____

Discounts

Anti-Lock Brakes _____ Yes No Dual Front Airbags _____ Yes No
 Fuel Type _____ Yes No Passive Restraint _____ Yes No
 Auto/Home _____ Yes No Auto/Rental _____ Yes No
 Auto/Mobile Home _____ Yes No Auto/Life _____ Yes No
 Good Student _____ Yes No Affinity _____ Yes No
 Multi-Car _____ Yes No EFT _____ Yes No
 Other _____

Household

Name	Relationship	Gender	Date of Birth	Accidents/Tickets
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

Notes

Homeowner/Renter Quote Information Sheet



FARMERS®

Date of Quote _____ Effective Date _____ Lead Source _____

Insured

Name _____ Head of Household? Yes No
Phone _____ E-Mail _____
Residence Address _____
Mailing Address _____
Date of Birth _____ Age _____ SSN _____
Company _____

Dwelling

Dwelling Type _____ Construction Type _____
Policy Type _____ Roof Type _____
Year Built _____ Number of Units _____
Size _____ Prior Losses _____

Discounts/Credits/Surcharges

Non-Smoker _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Interior Inspection _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Auto/Home _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Central Burglar/Fire _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Home/Life _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Burglar _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Security _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Fire _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Renovated _____
New Household _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____

Reconstruction Cost

Style Type _____	Interior Walls _____
Interior Walls _____	Floor Covering _____
Garage Type _____	Bathrooms _____
Kitchen Grade _____	Fireplaces _____
Basement % of Ground Floor _____	Air Conditioning _____
Basement % Finished _____	Wood Deck _____
Basement Walkout _____	Sky Lights _____
Basement Access _____	Roof ACV _____
Exterior Walls _____	Other _____

Coverage

Deductible _____	Earthquake _____
ID Fraud _____	Floater _____
Building Ordinance _____	Other _____

Notes

