



SAMUELSON INSURANCE
 6730 CENTRAL AVE
 PORTAGE, IN 46368
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GENERAL INFORMATION

	PRIMARY INSURED (Driver 1)	SECONDARY/SPOUSE (Driver 2)
FULL LEGAL NAME		
DATE OF BIRTH		
DRIVERS LICENSE #		
SOCIAL SECURITY #		
EMAIL		
CELL PHONE		
HOME PHONE		
EMPLOYER		
JOB TITLE		
PROPERTY ADDRESS		
MAILING ADDRESS - SAME?		

HOME INFORMATION

Info used to estimate re-construction costs:

Current Coverage's

Number of stories? (Exclude Basement)		Current Insurance Company	
Estimate year home was built?		Dwelling	
Estimated purchase date?		Other Structures	
Square footage of first story?		Personal Property	
Is there a basement?		Loss of Use	
If yes, what % is finished?		Personal Liability	
House on slab or crawl?		Medical Payments	
What size is the garage?		Deductible	
Where is the garage located?		Jewelry Floater	
How many full bathrooms?		Silverware Floater	
How many half bathrooms?		Gun Floater	
How many bedrooms?		Any other items over \$1500	
Is there a porch?		Earthquake Coverage	
Estimated square feet of porch?		Flood Coverage	
Exterior wall finish?		Sinkhole Coverage	
Fire and burglar alarm?		Current Annual Premium	
If yes, does it signal a company?		Is there a mortgage?	
Is there a homeowner's association?		Is your insurance escrowed?	
		Who is the company?	
		Loan number?	

Additional Information:

Additional Information:

AUTO INFORMATION

Other drivers in the household:	DRIVER 3	DRIVER 4	DRIVER 5
Full Legal Name			
Relation to the Primary Insured			
Date of Birth			
Driver's License Number			
Social Security Number			
Email Address			
Cell Phone Number			

Current Auto Insurance Information OR Quote Request:

Current Auto Insurance Company	
Bodily Injury Liability Limits	
Property Damage Liability Limits	
Uninsured/Underinsured Motorists Liability Limits	
Medical Payments Limit	

Comments:

Vehicles:	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
Year				
Make				
Model				
VIN #				
Primary Driver				
Vehicle Use				
Comprehensive Deductible				
Collision Deductible				
Towing Coverage				
Rental Car Coverage				
Loan or Lease on Vehicle				
Lien Holders Name				

Have any driver's had any accidents or tickets in last 5 years?	
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Driver Involved	Estimated Date	Incident Type	Description (i.e. "Rear-ended by uninsured driver")

Total 6 Month Premium For All Vehicles	
How do you like to pay?	
If monthly, what is your monthly premium?	
Comments:	