

Free Home Quote Request Certificate

Date:

In connection with your request either for a quote or to make an application for insurance, we may collect personal information about you, including your credit report, insurance credit score, prior claims or driving record. We may use third parties to collect such information and future reports may be used to update or renew your insurance.

Desired Effective Date:

General Information

Name(s): <input style="width: 50px;" type="text"/>	E-Mail: <input style="width: 50px;" type="text"/>
Address: <input style="width: 50px;" type="text"/>	Main Phone: <input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	Best Time to Call: <input style="width: 50px;" type="text"/>
Add. Insured: <input style="width: 50px;" type="text"/>	1 Year Rate: \$ <input style="width: 50px;" type="text"/>

Home Information

Year Built: <input style="width: 50px;" type="text"/>	Dwelling Amount: \$ <input style="width: 50px;" type="text"/>
Type: <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Other	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Footage: <input style="width: 50px;" type="text"/>	Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No % <input style="width: 50px;" type="text"/>
# Stories: <input style="width: 50px;" type="text"/>	Fireplace: <input type="checkbox"/> Yes <input type="checkbox"/> No # <input style="width: 50px;" type="text"/>
Dead Bolt Locks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Detached
Smoke Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car
Fire Extinguisher: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
# Bathrooms <input style="width: 50px;" type="text"/>	Liability Coverage: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000
Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500,000
Diving Board? <input type="checkbox"/> Yes <input type="checkbox"/> No #Steps <input style="width: 50px;" type="text"/>	Medical Payments: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000
Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
If Yes, breed: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> \$2,000 <input type="checkbox"/> Other
Trampoline: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Losses?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central <input type="checkbox"/> Local
Mobile/Manufact. <input type="checkbox"/> Yes <input type="checkbox"/> No	For Preferred Rates
	Year Updated:
	Electrical: <input style="width: 50px;" type="text"/>
	Plumbing: <input style="width: 50px;" type="text"/>
	Furnace: <input style="width: 50px;" type="text"/>
	Air: <input style="width: 50px;" type="text"/>
	Roof: <input style="width: 50px;" type="text"/>

Specialty Vehicles/Motorcycles

Maintained cont. insurance for past 8 months (Y or N) Yrs of motorcycle operating exp

Drivers w/ Motorcycles Permit Completed a safety course in the past 36 months (Y or N)

VEHICLE INFORMATION

Year Make Model VIN

Vehicle Type CC Size Purpose Addt'l Insured

Purchase Date Registration State Lay Up Period ---- Lojack (Y or N)

Coverage: BI: 20/40 25/50 50/100 100/300 250/500 PD: 15 25 50 100 Med: 1000 2500 5000 10,000

Deductibles: Comp: 0 100 250 500 1000 Coll: 0 100 250 500 1000 Accessories(3000 – 20,000)

NorthShore Insurance Advisors, Inc. 611 Rockland Rd #202 Lake Bluff, IL 60044
ebharper@aaachicago.com 847/295.3191 Fax 847/881.0184