



Security Insurance Agency

131 E Wisconsin Avenue
Pewaukee, WI 53072

P 262.691.4800 F 262.691.1477
C 262.470.0320

steve@securityinsagency.com
securityinsagency.com

Insurance Questionnaire

Contact Information (Required for Quote)

Date: _____

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Desired

Check all that apply

Home Insurance

Auto Insurance

Life Insurance

Business Insurance

Umbrella Insurance

Other Insurance *(list type:
Boat, Motorcycle, RV, etc.)*

Home Owners Insurance Information

Type of Property: _____

Current Insurance Carrier? _____

Date of Original Purchase? _____ Year Property was Built? _____

Do You have a Mortgage? Y N Do You Escrow for Insurance? Y N

Which Bank Do You Use? _____

Miles to the Nearest Fire Department? _____ Distance to Nearest Fire Hydrant? _____

Square Feet of Living Area? *(minus basement)* _____ Number of Stories? _____

Primary Construction Type? _____ Other Construction Type? _____

Number of Gas Fireplaces? _____ Wood Burning Fireplaces? _____ Number of Wood Burning or Pellet Stoves? _____

Age of or Date these Home Systems were Last Replaced: _____ Electrical? _____ HVAC? _____

Plumbing? _____ Roof? _____ Roof Type? _____

Full Basement? Y N Is it Finished? Y N Number of Bedrooms? _____

Is there a Crawl Space or Slab Under the Property? Y N Number of Bathrooms? _____



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Auto Insurance Questionnaire

Driver Information (Note if you have more than 4 children, please provide additional information in the comments field)

Driver Names <small>(Last, First, M.I.)</small>	Gender	Date of Birth <small>MM/DD/YY</small>	Drivers License #
Primary	M F		
Spouse	M F		
Youth 1	M F		
Youth 2	M F		
Youth 3	M F		
Youth 4	M F		

Vehicle Information (Note if you have more than 4 vehicles, please provide additional information in the comments field)

	Year	Make	Model	Vehicle VIN#	Usage <small>(To/From Work, Business, Pleasure)</small>
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					

Additional Information for Auto Insurance Quote

Current Insurance Company Name:

When does your current insurance expire? (MM/DD/YY)

What are your current limits of liability?

Please list any accidents or tickets going back 5 years to present day:

Comments



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Insurance Questionnaire Continued

For Umbrella Coverage *(Note please provide any additional information or questions in the comments field)*

Are you a member of a Professional Organization &/or Board of Directors? Y N

How many properties do you own? Who insures them?

How many cars do you own? Who insures them?

Do you own any? RV's ATV's Boats Personal Watercraft Tractors Toys Other

Is there a pool on any of your properties? Y N Is there a trampoline on any of your properties? Y N

What kind of pets do you have? Is there any bite history? Y N

What are the current limits of liability on your current umbrella?

Do you have extra uninsured & under-insured coverage on your current umbrella?

Do do travel internationally? Y N When traveling internationally do you drive? Y N

Comments