

PERSONAL INSURANCE QUOTE REQUEST

376 Broadway, PO Box 1038, Schenectady, NY 12305
 Phone: 518.393.2109 - Toll Free: 877.MERRIAM - Fax: 518.346.0996



1. PERSONAL INFORMATION

A. INDIVIDUAL INFORMATION

Name (Last, First, Middle)	Street: City/State/Zip: Years at this Address:	Home phone	
Spouse	Previous Address for last 5 years:	Email address	
Occupation:	FT/PT?	Spouse Occupation:	FT/PT?
Employer Name:		Spouse Employer Name:	
Birthdate:	M/F?	Spouse Birthdate:	Spouse M/F?
Driver's License State & Num.		Spouse Driver's License State & Num.	
Highest Level of Education:		Spouse Highest Level of Education:	
College/University Name & Grad. Yr.		College/University Name & Grad. Yr.	
Social Security Number:		Spouse Social Security Number:	

B. PRIOR INSURANCE

Current auto company (<input type="checkbox"/> 12mo <input type="checkbox"/> 6mo)	Premium	Policy expiration
Current homeowners company	Premium	Policy expiration
How Many years with current auto company	How Many years with current home company	

2. AUTOMOBILE

A. DRIVER INFORMATION (all household members 16 years & older)

Driver Name	Relationship	Birthdate (M/D/Y)	M/F	Marital Status	DDC? (Date if Completed)	State	Driver's License # & Date Issued
	Applicant				<input type="checkbox"/> No <input type="checkbox"/> Yes		
					<input type="checkbox"/> No <input type="checkbox"/> Yes		
					<input type="checkbox"/> No <input type="checkbox"/> Yes		

B. AUTOMOBILE INFORMATION

Car	Year	Make	Model	AAA?	VIN
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Car	Lease or Financing?*	Business Use?	Drive to Work?	Miles & Days Per Week	Primary Operator	Annual Mileage	Percentage Used for Ride Sharing (Uber/Lyft)
1	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

* If leasing or financing, please provide company name, address, and account number.

C. COVERAGES FROM CURRENT POLICY

Personal Injury Protection				Medical Payments				Uninsured Motorists				
<input type="checkbox"/> State minimum <input type="checkbox"/> Additional coverage <input type="checkbox"/> Amount _____				<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other \$ _____				<input type="checkbox"/> State minimum <input type="checkbox"/> Limit equal to liability limit <input type="checkbox"/> Other _____				
Collision				Towing & Labor				Rental Reimbursement				
Car	\$250	\$500	Other	Car				Car	30/900	40/1200		
1	<input type="checkbox"/>	<input type="checkbox"/>	_____	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No		1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	_____	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No		2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	_____	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No		3	<input type="checkbox"/>	<input type="checkbox"/>		
Liability				Comprehensive				Vehicle Detail				
Bodily Injury/Property Damage		Combined Single Limit		Car	\$250	\$500	Other	FG*	1	2	3	
<input type="checkbox"/> \$50/100/25,000 <input type="checkbox"/> \$100/300/100,000 <input type="checkbox"/> \$250/500/100,000 <input type="checkbox"/> Other \$ _____		<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Other _____		1	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antilock breaks	
				2	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarm - passive	
				3	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarm - active	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airbags - driver
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airbags - passenger
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver training record
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daytime Running Lights

D. LOSS HISTORY

Within the last five years, has any driver had any accidents (regardless of fault), vehicle losses (e.g. vandalism or towing), or traffic violations? (If yes, please describe) Yes No

Date	Driver Name	Description (cost of repairs, fines paid, violation type, etc.)

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3. HOMEOWNERS

A. GENERAL HOME INFORMATION

Ownership	Liability & Deductible	Year of Updates
Years Owned _____	Liability <input type="checkbox"/> \$100,000	Electric _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial
Market Value _____	<input type="checkbox"/> \$300,000	Roof _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial
Name on Deed _____	<input type="checkbox"/> \$500,000	Plumbing _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial
Requested Cov A _____	Deductible <input type="checkbox"/> \$500	Heat _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial
Requested Med Pay _____	<input type="checkbox"/> \$1,000	
Specifications		Home Safety
Dwelling Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal		Feet from Fire Hydrant _____
<input type="checkbox"/> Rental		Miles from Fire Station _____
Electrical <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers		Fire Department Name _____
Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		<input type="checkbox"/> Smoke Detectors
Number Families _____	Number Stories _____	<input type="checkbox"/> Fire Extinguishers
Year Built _____	Square Footage _____	<input type="checkbox"/> Dead Bolts
Cathedral Ceilings _____%	Used Year Round <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Burglar Alarm or Central Station/Police

B. DETAILED HOME INFORMATION (each category should total 100% e.g. basement - 50% slab 50% block)

Foundation/Construction	Exterior	
Type <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone	Clapboard _____%	
<input type="checkbox"/> Block <input type="checkbox"/> Slab	Wood Siding _____%	
<input type="checkbox"/> Masonry <input type="checkbox"/> Frame	Aluminum _____%	
	Stone _____%	
Crawl Space _____%	Brick _____%	
Basement _____%	Stucco _____%	
Finished Basement _____%	Vinyl _____%	
Walkout Basement _____%	Brick Veneer _____%	
Roof	Attached/Detached Structure	
Composite Shingles _____%	Garage Attached _____ # of Cars _____	
Architectural Shingles _____%	Detached _____ # of Cars _____	
Slate _____%	Built-In _____ # of Cars _____	
Tar _____%	Carport _____ # of Cars _____	
Metal _____%	Porches Open # _____ Sq. Ft. _____	
Other _____% Describe _____	Closed # _____ Sq. Ft. _____	
	Screened # _____ Sq. Ft. _____	
	Decks Wood # _____ Sq. Ft. _____	
	Redwood # _____ Sq. Ft. _____	
	Trex/Other # _____ Sq. Ft. _____	
Interior Walls	Wall Coverings	Ceilings
Drywall _____%	Paint _____%	Drywall _____%
Plaster _____%	Wallpaper _____%	Plaster _____%
Plywood _____%	Ceramic Tile _____%	Wood _____%
Block _____%	Wood Paneling _____%	Tongue & Groove _____%
Brick _____%	Tongue & Groove _____%	Tin _____%
Stone _____%	Bookcase Walls _____%	Acoustical Tiles _____%
Other _____	Other _____	Other _____

Floorings	Interior Items (number of each)	HVAC
Hardwood _____ % Carpet Over Hardwood _____ % Wall To Wall Carpet _____ % Vinyl _____ % Ceramic Tile _____ % Laminate Flooring _____ % Other _____	Kitchen _____ Full Bath _____ ½ Bath _____ ¼ Bath _____ Bedrooms _____ Other _____	Electric Heat _____ Gas _____ Oil _____ Oil Tank Location _____ Central Air _____ Water Softener _____ Other _____
Features (number of each)	Features (indicate yes or no)	Additional Information
Fireplace _____ Fireplace Type <input type="checkbox"/> Gas <input type="checkbox"/> Wood Fireplace Insert _____ Woodstove _____ Pocket Doors _____ French Doors _____ Sliding Glass _____ Bay Window _____ Picture Window _____ Bow Window _____ Sky Lights _____ Solar Panels _____ Atrium Doors or Windows _____	Sprinklers _____ stairs____ Type <input type="checkbox"/> Full <input type="checkbox"/> Partial Cent. Burglar _____ Vacuum System _____ Intercom _____ Cent. Fire System _____ Sound System _____ Sump Pump _____ Generator _____ Low Temp Alarm _____	Crown Molding _____ % Breezeways #____ Sq. Ft.____ Extra Items _____ Pets _____ Breed _____ Pool <input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground <input type="checkbox"/> Slide <input type="checkbox"/> Diving Board Approved Fence <input type="checkbox"/> Yes <input type="checkbox"/> No Mortgage <input type="checkbox"/> Yes <input type="checkbox"/> No Mortgagee Clause _____ Escrowed <input type="checkbox"/> Yes <input type="checkbox"/> No
Miscellaneous Information:		

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