

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

Named Insured 1:	Physical Address: City, State, ZIP: Years at this Address:	Primary Phone:
Named Insured 2:	Previous Address for Last 5 Years:	Email Address:
Billing Address (if applicable):		
Occupation:	<input type="checkbox"/> FT <input type="checkbox"/> PT	Occupation:
Employer Name:	<input type="checkbox"/> FT <input type="checkbox"/> PT	Employer Name:
Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:
Highest Level of Education:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Highest Level of Education:
Social Security Number:		Social Security Number:

B. PRIOR INSURANCE INFORMATION

Current auto company:	<input type="checkbox"/> 12 mo. <input type="checkbox"/> 6 mo.	Premium:	Policy expiration:
Current homeowner's company:		Premium:	Policy expiration:
How many years with current auto company?		How many years with current home company?	

2. AUTOMOBILE INFORMATION

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

	Driver Name	Relation	DOB	M/F	Marital Status	DDC Date	State	Driver's License #	Dependent Status
1		Applicant							
2		Applicant							
3									<input type="checkbox"/> Away <input type="checkbox"/> I.O. <input type="checkbox"/> Dr. Ed. <input type="checkbox"/> B+
4									<input type="checkbox"/> Away <input type="checkbox"/> I.O. <input type="checkbox"/> Dr. Ed. <input type="checkbox"/> B+
5									<input type="checkbox"/> Away <input type="checkbox"/> I.O. <input type="checkbox"/> Dr. Ed. <input type="checkbox"/> B+

B. AUTOMOBILE INFORMATION

	Year	Make	Model	AAA?	VIN
1				<input type="checkbox"/> Yes	
2				<input type="checkbox"/> Yes	
3				<input type="checkbox"/> Yes	
4				<input type="checkbox"/> Yes	
5				<input type="checkbox"/> Yes	

	Leasing or Financing?*	Business Use?	Drive to Work?	Miles & Days/Week	Primary Operator	Annual Mileage	% Used (Uber/Lyft)
1	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
2	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
3	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
4	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
5	<input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				

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

C. DESIRED COVERAGE															
Liability				Uninsured Motorists					Personal Injury Protection						
Bodily Injury/ Property Damage			Combined Single Limit	<input type="checkbox"/> Limit equal to liability limit <input type="checkbox"/> Other: _____					<input type="checkbox"/> State minimum <input type="checkbox"/> Additional coverage <input type="checkbox"/> OBEL Aggregate Total: _____						
<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"/> \$1,000,000												
				Medical Payments											
				<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: _____											
Comprehensive Incl. Full Glass			Collision			Rental Reimbursement					Vehicle Detail				
Car \$100 \$200 \$500	Car \$200 \$500 \$1000	Car 30/900 45/1200 60/1500 Tow.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5			
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Driver Name	Description (cost of repairs, fines paid, violation type, etc.)

E. CUSTOMER PREFERRED PAYMENT METHOD
<input type="checkbox"/> Annual <input type="checkbox"/> EFT Monthly <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Quarterly

F. NOTES

2. HOMEOWNER'S INFORMATION

A. GENERAL HOME INFORMATION

Ownership	Liability & Deductible	Year of Updates
Market Value: _____ Name on Deed: _____ Current Coverage A: _____ Business on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Liability <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	Electric: _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers Roof: _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial Plumbing: _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial Heat: _____ <input type="checkbox"/> Complete <input type="checkbox"/> Partial
Specifications		Renter's Coverage
Dwelling Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Rental Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Tenant Number Families: _____ Number Stories: _____ Year Built: _____ Square Footage: _____		Tenant – Needs Renter's Coverage? <input type="checkbox"/> Y <input type="checkbox"/> N Number of Units in Building _____ Amount of Contents Coverage Desired _____

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

Architectural Style			
<input type="checkbox"/> Colonial <input type="checkbox"/> Ranch <input type="checkbox"/> Raised Ranch <input type="checkbox"/> Middle Town Home <input type="checkbox"/> End Town Home <input type="checkbox"/> Contemporary <input type="checkbox"/> Condominium <input type="checkbox"/> Log Cabin <input type="checkbox"/> Bungalow <input type="checkbox"/> Other _____			
Foundation/Construction		Exterior	
Type <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Block Basement: _____ % Finished Basement: _____ % Slab: _____ % Crawl Space: _____ % Walkout Basement: _____ %		Vinyl: _____ % Aluminum: _____ % Brick: _____ % Wood Siding: _____ % Brick Veneer: _____ % Other: _____ %	
Roof		Attached/Detached Structure	
Composite Shingles: _____ % Architectural Shingles: _____ % Slate: _____ % Metal/Tin: _____ % Rubber: _____ % Other: _____ %		Garage Attached: _____ # of Cars: _____ Detached: _____ # of Cars: _____ Built-In: _____ # of Cars: _____ Carport: _____ # of Cars: _____ Porches Open # _____ Sq. Ft: _____ Closed # _____ Sq. Ft: _____ Screened # _____ Sq. Ft: _____ Decks Wood # _____ Sq. Ft: _____ Trex/Other # _____ Sq. Ft: _____	
Interior Walls		Wall Coverings	Ceilings
Drywall: _____ % Plaster: _____ % Other: _____ %		Paint: _____ % Wallpaper: _____ % Other: _____ %	Drywall: _____ % Plaster: _____ % Other: _____ %
Home Safety			
Feet from Fire Hydrant: _____ Miles from Fire Station: _____ Fire Department Name: _____		<input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Burglar Alarm or Central Station/Police	

B. DETAILED HOME INFORMATION (continued)

Floorings	Interior Items (number of each)	HVAC
Hardwood: _____ % Wall-to-Wall Carpet: _____ % Carpet Over Hardwood: _____ % Ceramic Tile: _____ % Laminate Flooring: _____ % Other: _____ % _____	Kitchen: _____ Baths: _____ Bedrooms: _____ Other: _____ _____	<input type="checkbox"/> Gas - Hot Air <input type="checkbox"/> Gas - Hot Water <input type="checkbox"/> Electric Heat <input type="checkbox"/> Oil Oil Tank Location: _____ <input type="checkbox"/> Central Air <input type="checkbox"/> Other: _____
Features (number of each)	Features	Additional Information
Fireplace: _____ Fireplace Type: <input type="checkbox"/> Gas <input type="checkbox"/> Wood Fireplace Insert: _____ Woodstove: _____ Specialty Doors: _____ Sliding Glass: _____ Specialty Windows: _____ Sky Lights: _____ Solar Panels: _____ Cathedral Ceilings: _____ Other: _____ Equipment Breakdown? <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer Line Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinklers: <input type="checkbox"/> Yes Type: <input type="checkbox"/> Full <input type="checkbox"/> Partial Cent. Burglar: <input type="checkbox"/> Yes Intercom: <input type="checkbox"/> Yes Sound System: <input type="checkbox"/> Yes Sump Pump: <input type="checkbox"/> Yes Generator: <input type="checkbox"/> Yes Low Temp Alarm: <input type="checkbox"/> Yes Other: _____ Water Back-up? <input type="checkbox"/> Yes <input type="checkbox"/> No Jewelry/Personal Articles Rider: _____ _____	Pet 1: _____ Breed: _____ Pet 2: _____ Breed: _____ Pet 3: _____ 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 Trampoline: <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
Current Umbrella Coverage	Umbrella Coverage Wanted	
<input type="checkbox"/> 1,000,000 <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1,000,000 <input type="checkbox"/> Other: _____	Disclose any motorcycles, boats, ATVs, snowmobiles, and other house/rental properties: _____ _____ _____
Claims		

C. CUSTOMER PREFERRED PAYMENT METHOD

<input type="checkbox"/> Annual <input type="checkbox"/> EFT Monthly <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Quarterly
Miscellaneous Information: _____ _____



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