

Client Profile

Name _____
Co-Applicant _____
Address _____
Home Phone # _____ WK# _____ Fax# _____
Email: _____
Name of Trust _____

Date of Birth _____ Co-Applicant Date of Birth _____

Drivers License# _____ Co-Applicant's License# _____

Social Security # _____ Co-Applicant SS # _____

Employer Name & Address _____

Occupation: _____

Co-Applicant Employer Name & Address _____

Occupation: _____

4 year Bachelor's Degree Y/N

Property Owned or leased

Yr. Built _____ Square Feet _____ # of Stories _____

Central Heat & Air Y/N Heat Type _____ Type of Roof _____

Of Bedrooms _____ Coverage Limit _____

of Full Baths _____ Liability Limit _____ # of half baths _____ Deductible Desired _____

Deck Y/N _____ Siding _____ Balcony Y/N _____ Reti. Porch Y/N _____ Sq. Ft. _____

Yr Upgrades Completed: Heat _____ Plumbing _____ Roof _____ Electrical _____

Garage Attached Y/N # of cars _____ Spa/Sauna/Jacuzzi Y/N

Burglar/Fire Alarm Y/N Type _____ Name of Provider _____

Smoke Detectors Y/N Deadbolts Y/N Fire Extinguishers Y/N

Pool Y/N Pool Fenced Y/N Diving Board Y/N Trampoline Y/N

Any Scheduled Personal Property Y/N Fire Place Y/N Fire Sprinklers Y/N

If so, please describe and include value for each item _____

Current Insurance Carrier _____ Date of Expiration _____
Limits Carried _____

Any Watercraft Y/N Recreational Vehicles Y/N Aircraft Y/N

Any animals if so, Describe _____

- If additional Dwellings, please list on a separate piece of paper.

Automobile

Please list all occupants in household, Include Names, Date of Birth & Drivers License #

1. _____
2. _____
3. _____
4. _____

Please list all household vehicles, include yr, make, model, VIN# & odometer reading

1. _____
2. _____
3. _____
4. _____
5. _____

Current Insurance Carrier _____ Date of Expiration _____

Current Limits Carried _____ Comp/Coll Deductibles _____

Miles to work/school for each vehicle. _____

Any business use? Y/N Describe _____

Any Claims/Violations/accidents in the last 3 years? Y/N Describe & Give Dates.

Umbrella

Limit Requested: _____ million (1 to 25 million)

Current Insurance Carrier _____ Date of Expiration _____

Life Insurance in force Limit _____

Town & Country Insurance Services, Inc.

DBA: Hotrod Insurance Services, Inc

Bay Area Office

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