



9412 Giles Road
La Vista, NE 68128
Phone: 402.592.0900
Fax: 402.592.0962
PL@aunderwriters.com

General Information for Personal Lines Quote

Date Requested: _____ Referred By: _____

Personal Information

Name: _____ SSN: _____ DOB: _____
Dr Lic#: _____ Occupation: _____ Years: _____
Spouse: _____ SSN: _____ DOB: _____
Dr Lic#: _____ Occupation: _____ Years: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail: _____

Property Information

Current Add: _____ City: _____ ST: _____ Zip: _____
Current Insurance: _____ Prem: _____ Exp Date: _____ Years: _____
New Property Add: _____ City: _____ ST: _____ Zip: _____
Closing Date: _____ Mortgage Company: _____
Loan Number: _____ Loan Amount: _____

Coverages

Dwelling Amount: _____ Deductible: _____
Liability Coverage: _____ Medical: _____
Insured Occupied: Yes / No Year Built: _____ Type / Style: 1 st 1 1/2 st 2 st 2 1/2 st tri
Basement? Yes / No Walkout? Yes / No Roof Type: _____ # of Layers: _____
Main SF: _____ Basement SF: _____ Finished Basement SF: _____
Baths: Full _____ 3/4 _____ 1/2 _____ Jetted Tub? Yes / No Skylights? Yes / No
Garages: # of Cars / SF: _____ Type: Built In Attached Detached
Deck? Yes / No Type: _____ SF: _____

Property: Aluminum Brick Frame Vinyl

List All Update Years, If Any: Electric: _____ Furnace: _____ Plumbing: _____ Roof: _____

Circuit Breakers: Yes / No Fuses: Yes / No Hot Tub? Yes / No

Pool? Yes / No Above / In Ground Fenced? Yes / No Type: _____ Height: _____

Fireplaces: _____ Vented / Chimney Gas / Wood Wood Burning Stove? Yes / No

Responding Fire Station: _____ Miles From Station: _____ Ft. From Fire Hydrant: _____

Fire Extinguisher? Yes / No Smoke Detectors? Yes / No Skate Ramp? Yes / No

Alarm System? Yes / No If yes, Fire / Burglar / Both Dead Bolts? Yes / No

Business In Home? Yes / No Type: _____ Trampoline? Yes / No Fenced? Yes / No

Scheduled Items: Jewelry: _____ Furs: _____ Silver: _____ Other: _____

Pets / Claims

Any Pets? Yes / No Breed: _____ Age: _____ LBS: _____

Pets Subject to Bite/Claim? Yes / No Type: _____ Amount Paid: _____ Date: _____

Any Previous Home Claims? Yes / No Type: _____ Amount Paid: _____ Date: _____

Details: _____

Auto Information

Current Insurance: _____ Expiration Date: _____ Years: _____

Current Liability Limits: _____ Any customization to the vehicle? Yes / No

Requested Liability Limits: _____ Medical Limits: _____

Additional Drivers

Name: _____ Dr Lic #: _____ DOB: _____

Occupation: _____ Good Student: Yes / No Driver Training: Yes / No

Name: _____ Dr Lic #: _____ DOB: _____

Occupation: _____ Good Student: Yes / No Driver Training: Yes / No

Name: _____ Dr Lic #: _____ DOB: _____

Occupation: _____ Good Student: Yes / No Driver Training: Yes / No

Name: _____ Dr Lic #: _____ DOB: _____

Occupation: _____ Good Student: Yes / No Driver Training: Yes / No

Vehicles

Year: _____ Make: _____ Model: _____

Vin #: _____ Primary Driver: _____

Comprehensive Ded: _____ Coll Ded: _____ Rental Reimbursement: _____ Towing: _____

Annual Mileage: _____ Usage - Work: _____ Pleasure: _____ Business: _____

Year: _____ Make: _____ Model: _____

Vin #: _____ Primary Driver: _____

Comprehensive Ded: _____ Coll Ded: _____ Rental Reimbursement: _____ Towing: _____

Annual Mileage: _____ Usage - Work: _____ Pleasure: _____ Business: _____

Year: _____ Make: _____ Model: _____

Vin #: _____ Primary Driver: _____

Comprehensive Ded: _____ Coll Ded: _____ Rental Reimbursement: _____ Towing: _____

Annual Mileage: _____ Usage - Work: _____ Pleasure: _____ Business: _____

Year: _____ Make: _____ Model: _____

Vin #: _____ Primary Driver: _____

Comprehensive Ded: _____ Coll Ded: _____ Rental Reimbursement: _____ Towing: _____

Annual Mileage: _____ Usage - Work: _____ Pleasure: _____ Business: _____

Year: _____ Make: _____ Model: _____

Vin #: _____ Primary Driver: _____

Comprehensive Ded: _____ Coll Ded: _____ Rental Reimbursement: _____ Towing: _____

Annual Mileage: _____ Usage - Work: _____ Pleasure: _____ Business: _____

Year: _____ Make: _____ Model: _____

Vin #: _____ Primary Driver: _____

Comprehensive Ded: _____ Coll Ded: _____ Rental Reimbursement: _____ Towing: _____

Annual Mileage: _____ Usage - Work: _____ Pleasure: _____ Business: _____