

Vehicle/Homeowner Insurance Application

Proposed Effective Date of Insurance Coverages: _____ / _____ / _____

Customer Name _____ Smoker Y / N

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Fax _____

SSN _____ DOB _____ Drivers License # _____

Primary Vehicle Info: Year _____ Make _____ Model _____

Miles to work 1 way _____ Comp. Ded. 250 500 _____ Coll. Ded. 250 500 _____

of Claims in past 3 years? _____ \$ amount of Claims? _____ Description of Claims _____

Spouse Name _____ Smoker Y / N

Address _____
Street City State Zip

SSN _____ DOB _____ Drivers License # _____

Primary Vehicle Info: Year _____ Make _____ Model _____

Pleasure Use Miles to school 1 way _____ Comp. Ded. 250 500 _____ Coll. Ded. 250 500 _____

of Claims in past 3 years? _____ \$ amount of Claims? _____ Description of Claims _____

Child's Name _____ Student Y / N B average or better Y / N

Address _____
Street City State Zip

SSN _____ DOB _____ Drivers License # _____

Primary Vehicle Info: Year _____ Make _____ Model _____

Pleasure Use Miles to school 1 way _____ Comp. Ded. 250 500 _____ Coll. Ded. 250 500 _____

of Claims in past 3 years? _____ \$ amount of Claims? _____ Description of Claims _____

Coverage Information: Bodily Injury & Un/Underinsured Motorists Limits 50k/100k 100k/300k _____ k/_____ k

Property Damage 50k/100k 100k/300k _____ k/_____ k Medical Payments 50k/100k 100k/300k _____ k/_____ k

Towing Coverage Y / N 50 100 _____ Rental Reimbursement Y / N 35 50 _____

Homeowners Info: Year Built _____ Exterior _____ Earthquake _____ W/S Backup _____

Alarm Y / N Burglar Fire Both Responding Fire Department _____ Miles to Station _____

Swimming Pool Y / N Fenced In Y / N Trampoline Y / N Scheduled Jewelry Y / N Amount \$ _____

Current Dwelling Insured Amount \$ _____ Liability Coverage 100k 300k _____

of Claims in past 3 years? _____ \$ amount of Claims? _____ Description of Claims _____

Please mail or fax this form to: Consociate • Dansig Insurance Services
111 E. Decatur St. | PO Box 678
Decatur, IL 62525
Fax: 217-423-3328
Phone: 1-877-326-4640 or 217-233-0082



CONSOCIATE • DANSIG

Vehicle/Homeowner Insurance Application

HOME INFORMATION

Square Feet _____

of Stories _____

of Bathrooms _____

Fireplace _____

Garage (attached/detached) _____

Earthquake Coverage Yes / No

Water Sewer Backup Yes / No

Hot Tub (locked?) _____

Updates to Home

Electrical _____

Plumbing _____

Heating _____

Roof _____

Current Insurance _____

Basement Yes / No

A) Full/Partial _____

B) Finished _____

Slab Yes / No

Crawl Yes / No

Mine Subsidence Yes / No

*Dogs (Breed) _____

Wood Burning Stove Yes / No

Escrow Account Yes / No

Current Premium _____

AUTO INFORMATION

Vehicle Identification Numbers (VINs) _____

Vehicle 1 _____

Vehicle 2 _____

Vehicle 3 _____

Vehicle 4 _____

Current Insurance _____

Email Address _____

Current Premium _____

How would you like us to contact you with your quote?

Call/Whom? _____

Mail _____

Email _____

Other _____

Umbrella Coverage? Yes / No

Remarks:

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