



****All Items must be completed****

Name: _____ Profession _____
 _____ Profession _____

Address: _____
 City, State _____ Zip _____
 Phone: _____ Cell: _____
 Email: _____ Preferred Communications: _____
 Previous Address if less than 2 years: _____

Do you own your home? _____ Effective Date: _____

Homeowners Carrier: _____ Auto Carrier: _____

All Household Members Must Be Listed

| | | Name | DOB | Drivers License# | SS# | GS |
|---|---------|------|-----|------------------|-----|----|
| 1 | Insured | | | | | |
| 2 | Spouse | | | | | |
| 3 | Child | | | | | |
| 4 | Child | | | | | |
| 5 | Child | | | | | |
| 6 | Other | | | | | |

GS= Good Student

Year built: _____ Ground Floor Area: _____

Type of Construction: Frame or Brick

Number of Stories: _____

Basement: Y N Finished: Y N How Much? _____

Crawlspace: Y N Slab: Y N

Number of Bathroom: _____ 1/2 Bathrooms _____

Central Air: Y N Fireplace: Gas or Wood

Wood Burning Stove: Y N

Generator: Y N

Sump Pump: Y N Do you have more than one? _____

Battery Backup System: Y N Sump Pump Alarm: Y N

Pool: Y N Diving Board or Slide _____ Height of Fence _____

Trampoline: Y N Porch, Deck or Patio: _____ Size: _____

Attached Garage: Y N Number of Cars _____

Pets: Y N If yes, what type/breed? _____

Age of your Roof: _____

If home is over 30 years old: Updated information for furnace, plumbing and electrical system:

Furnace: _____

Plumbing: _____

Electrical: _____ # of Amps _____ Fuse Box _____

Responding Fire Department: _____ How far from responding fire department; _____

Do you have fire hydrants, or city water: _____

Losses in the past three years: _____ If yes, please explain including the amount paid:

Current Deductible: \$500 \$1,000 \$2,500 Other: _____

Do you have a business in your home: Y N Explain: _____

Do you have an home security system: Y N Remote Monitoring System: Y N

Do you have a personal umbrella policy? Y N Is so, what is the limit: _____

Earthquake: Y N Mine Subsidence: Y N Water Backup Limit: _____

Do you have a Flood Policy: Y N

Scheduled personal property if any: _____ Do you have appraisals for items listed below: Y N

Auto Schedule:

| | Year | Make/Model | Vin | | Liability Only |
|---|------|------------|-----|--|----------------|
| 1 | | | | | Y N |
| 2 | | | | | Y N |
| 3 | | | | | Y N |
| 4 | | | | | Y N |
| 5 | | | | | Y N |
| 6 | | | | | Y N |

Currently Coverage: ** please feel free to include a copy of current deck page**

| | | | |
|----------------------------|---------------------------------|---------|-------------------------|
| Liability | Uninsured/Underinsured Motorist | Medical | Deductible |
| Example: \$250/\$500/\$100 | \$250/\$500/\$100 | \$5,000 | \$500 Comp \$1,000 Coll |

Towing Coverage: _____ Rental Car Coverage; _____

Driving Record: (for each driver)

Moving violations in past five years?

Not at FAULT accidents in past five years?

Accidents in past five years?

Comprehensive losses in past five years?

Licenses Suspended in the last 5 years?

Additional needs or concerns with this quote:

Please email or fax this form to:

Cheri Plummer
cplummer@leeokeefe.com
217-528-2121

Lee/O'Keefe Insurance Agency
2501 Chatham Road
Springfield, IL 62704
217-528-5679

How did you hear about Lee/O'Keefe Insurance Agency?

Referral: _____ From: _____
Advertisement: _____
Other: _____

Have you worked with an agent in our office before?
If so who: _____

Consumer Disclosure:

Please be advised that most of our companies use an insurance score in eligibility and pricing decisions where permitted, which is based in part on a credit report obtained from a consumer reporting agency. Additionally, a motor vehicle report or other investigative report may be ordered to verify driving records, loss history or other information that impacts your eligibility or premium. These reports may be ordered at the time of your application for insurance and on subsequent renewals or endorsements to your policy.