agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Personal Umbrella Quote Request Form

Named Insured: _____ Date Submitted: _____

Section I: Home Information

1. Please list all residence(s) occupied by the insured:

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Present Insurance Carrier: _____ Present Insurance Carrier: _____

Liability Limit: $ _____ Liability Limit: $ _____

2. Please list all residence(s) rented to others:

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Present Insurance Carrier: _____ Present Insurance Carrier: _____

Liability Limit: $ _____ Liability Limit: $ _____

*** For additional residences occupied by the insured or rented to others, list in the remarks section.**

Section II: Automobile / Recreational Vehicle / Watercraft Information

3. Please list all automobiles/recreational vehicles/watercraft owned, leased or regularly operated by members of the household:

Vehicle Type: _____ Vehicle Type: _____

Year/Make/Model: _____ Year/Make/Model: _____

Present Insurance Carrier: _____ Present Insurance Carrier: _____

Liability Limit: $ _____ Liability Limit: $ _____

Vehicle Type: _____ Vehicle Type: _____

Year/Make/Model: _____ Year/Make/Model: _____

Present Insurance Carrier: _____ Present Insurance Carrier: _____

Liability Limit: $ _____ Liability Limit: $ _____

Vehicle Type: _____ Vehicle Type: _____

Year/Make/Model: _____ Year/Make/Model: _____

Present Insurance Carrier: _____ Present Insurance Carrier: _____

Liability Limit: $ _____ Liability Limit: $ _____

*** For any additional vehicles, list in the remarks section.**

Section III: Household Information

4. Occupation:

Insured's Occupation: _____ Spouse's Occupation: _____

Employer: _____ Employer: _____

4a. Is either the Insured or Spouse self-employed? ☐ Yes ☐ No

If yes, do you have vehicles insured under a commercial policy? ☐ Yes ☐ No

5. Information regarding all licensed operators in the household:

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Relationship: _____ License #: _____ Relationship: _____ License #: _____

Occupation: _____ Occupation: _____

Section III: Household Information (continued)

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Relationship: _____ License #: _____ Relationship: _____ License #: _____

Occupation: _____ Occupation: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Relationship: _____ License #: _____ Relationship: _____ License #: _____

Occupation: _____ Occupation: _____

*** For additional household members, list in the remarks section.**

6. Does anyone in your household hold any non-paid or volunteer positions? ☐ Yes ☐ No

6a. If yes, please provide the individual's name and list the position and duties:

_____

_____

7. Is any member of your household a member of any board of directors? ☐ Yes ☐ No

7a. If yes, please provide the individual's name and list the position and duties:

_____

_____

7b. Is the board for a non-profit organization? ☐ Yes ☐ No

8. Do you have any animals at your residence? ☐ Yes ☐ No

8a. If yes, please indicate what type (dog, cat, horse, etc.): _____

8b. If dog, please indicate what breed. If mixed breed, please include all breeds.

_____

9. Do you have a swimming pool? ☐ Yes ☐ No If yes, is it fully fenced? ☐ Yes ☐ No

10. Do you have a trampoline? ☐ Yes ☐ No

Section IV: Remarks

To Request a Quote, submit the completed form to: plnewbusiness@asbagent.com