

THE ARIZONA GROUP – Insurance Brokers

Auto Insurance Information Sheet

(Use for automobiles, motorcycles, ATVs, motor homes, golf carts and boats)

Please complete and return by fax or mail to

Fax: 480-892-7625 • The Arizona Group, 3325 E. Baseline Rd., Gilbert, AZ 85234

Your name		2 nd insured name	
Your address			County
City, State, ZIP		Email	
Home phone		Work phone	
How long have you lived here?		If it's less than 5 years, please list your previous address.	

As part of the application process, the Insurance Companies will order a copy of your insurance score, MVR's for all drivers in the household, and prior loss reports. The information is used to evaluate your application. You may request a written statement describing their use of these credit histories or insurance scores. Please confirm that you are authorized to initiate this insurance transaction and allow 3rd party access to consumer reports on behalf of yourself, spouse, or other individuals who will be insured under a policy?

Yes, I consent _____
Signature Date

Driver	Name on Drivers license	Drivers license #	Date of birth	Marital status	Social Security #
#1					
#2					
#3					
#4					

Driver	Name of employer	Job title	Years here	Current liability limits	Deductible amount
#1					
#2					

Vehicles	Year, Make, Model	VIN number	How many miles are on the car?	Average annual mileage	Principle driver	# Miles to work
#1						
#2						
#3						
#4						

Name of current insurance company		How long with them?		Present premium amount	
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Below please list **dates & details** of all Moving Traffic Violations and **dates and details** of all Auto Insurance Claims (even windshield breakage) if any - for all drivers for the past 5 years. (Attach a separate sheet if you need more room.)

THE ARIZONA GROUP – Insurance Brokers

Home Insurance Information Sheet

Please complete and return by fax or mail to

Fax: 480-892-7625 • The Arizona Group, 3325 E. Baseline Rd., Gilbert, AZ 85234

Your name		2 nd Insured Name	
Your address			County
City, State, ZIP		Email address:	
Home phone		Work phone	
How long have you lived here		If less than 5 years, please list your previous address	

As part of the application process, the Insurance Companies will order a copy of your insurance score and prior loss reports. The information is used to evaluate your application. You may request a written statement describing their use of these credit histories or insurance scores. Will you confirm that you are authorized to initiate this insurance transaction and allow 3rd part access to consumer reports on behalf of yourself, spouse, or other individuals who will be insured under a policy?

Yes, I consent _____

Signature

Date

	Name of employer	Job title	Marital Status	Social Security number	Date of Birth
You					
2 nd Insured					

NOTE: IF RENTING, BLANKS CONTAINING * DO NOT NEED TO BE COMPLETED

Year built for home		Date of occupancy		M=Market Value, P=Purchase Price	*
Square footage of house	*	Porch/Patio sq ft	*	Stucco over frame construction?	
Roof type (tile, asphalt shingle, etc.)		How many stories?		What is the fireplace fueled by?	
# Full bathrooms	*	# Partial bathrooms	*	Pool in the ground? Does it have a fence?	*
Garage or Carport? Number of stalls	*	S=Smoke alarm? F=Fire Extinguisher? D=Deadbolts?		Alarms L=Local? C=Cent Station?	
Is the home heated by gas or electric?		Air conditioned? Evaporation cooler?	*	Trampoline on premises	
Other structures on premises	*	Name of Retirement Community		Type of home: Apartment, Mobile home, Modular home, or Conventional?	
Any business run from home (describe)		# & Type of animals on premises (if any)		Do you need insurance for Jewelry, Silverware, Firearms or Collections?	
Day care or farming on premises?		Undergoing renovation or reconstruction	*	Has any insurance company cancelled or declined to renew?	
Home ever rented?	*	Is the house currently for sale?	*	Any brush/flooding hazards?	
Years with present insurance company		Name of present insurance company		Expiration date	
Present Premium		Present policy limits and deductible			
Inside City Limits?		# Miles to Fire Department		# Miles to Fire Department	
Responsible Fire Dept Name				If Rural Fire Department, are you a Paid MEMBER?	
Past claims damage T=This house, P=Prior house (including address)					
Mortgage on the property?					