

Alliance P&C Risk

CLIENT INFORMATION

First Name * _____ Middle Name _____ Last Name * _____
DOB* _____ SSN* _____ Marital Status* _____
State Licensed: _____ Driver License # _____

Contact Information

Home Phone _____ Cell Phone _____ Work Phone _____
Email _____ Preferred Contact Method _____

Current Address

Address Line 1 * _____ City/ State* _____ Zip Code* _____
Address Line 2 _____ Residence Type _____ Owner Ship Status _____
Time at Address _____ Years _____ Months _____ Mailing Address (check if different that Current Address)

Address Line 1 * _____
Address Line 2 _____
City/ State* _____
Zip Code* _____

Additionally Insured

First Name * _____ Middle Name _____ Last Name * _____
DOB* _____ SSN* _____ Marital Status* _____
Relationship to Client _____ Co-Applicant

Additionally Insured

First Name * _____ Middle Name _____ Last Name * _____
DOB* _____ SSN* _____ Marital Status* _____
Relationship to Client _____ Co-Applicant

Signature _____

Alliance P&C Risk

CLIENT INFORMATION (PERSONAL AUTO)

Credit Check Authorized Yes/No

Billing Plan Full Payment Quarterly Semi-Annually Monthly
Payment Option Cash/Check EFT (Auto Draft)
 Credit/Debit Other

Current/ Prior Carrier

Current/Prior Company Expiration Date: Length of Continuous Coverage

Any Prior Lapse in Coverage in Last 3 Years Months Days

Auto- Vehicle Information

VIN Year Make Model

Cost New Amount Purchase Type Purchase Date

Ownership Status Length of Ownership Use

Used for Delivery Annual Miles Odometer

Used for Rideshare

Auto-Driver Information

License Status Valid Expired Suspended Cancelled Foreign or International License
 Permit Revoked Not Licensed Permanently Revoked

State Licensed Driver License # Date Licensed

Industry Occupation Education Level

Do you know of Any Traffic Violations or Accidents? Yes No

Date: Time: Conviction Date:

Description:

Additional Driver

License Status Valid Expired Suspended Cancelled Foreign or International License
 Permit Revoked Not Licensed Permanently Revoked

State Licensed Driver License # Date Licensed

Industry Occupation Education Level

Do you know of Any Traffic Violations or Accidents? Yes No

Date: Time: Conviction Date:

Description:

Signature _____

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CLIENT INFORMATION (PERSONAL HOME)

Credit Check Authorized Yes No Felony Yes No

Lines Requested Home Any of the following Bankruptcy Foreclosure
 Flood in the last 5 years? Repossession

Home Policy Information

Current/Prior Company _____ Expiration Date: _____ Length of Continuous Coverage _____

Any Prior Lapse in Coverage in Last 3 Years _____ Months _____ Days _____

Industry _____ Occupation _____ Education Level _____

Is dwelling on Historical Registry? Yes No Number of Units/ Families in building: _____

Protection Devices

Smoke Detectors: Yes No Central station reporting alarm: Fire Burglar Gated Community

Home Underwriting

Mortgagee? _____ Number of Mortgagees? _____ Additional Insured? _____

Loss History

Date	Details	Amount Paid	Open/Closed

Property Information

Dwelling Type Single Triplex Duplex Fourplex

Purchase Date _____

Is dwelling under renovations? Yes No

If yes: By Licensed Contractor By Owner

Describe Renovations: _____

Number of Stories _____ Total Living Sq. Ft. _____ Year Built _____

Owner/Primary Secondary/ no rentals Secondary with rentals Vacant Renovations Tenant

Year Built:	Construction Type:	Protection Class:
Short Term Rentals (ie Airbnb, VRBO)? Yes? No?	Square Feet:	# of Stories:
Plumbing Type:	Wiring Type:	Heating Type:
Year of Complete Updates: *do not include partial updates	Roof:	Plumbing:
Heating:	Wiring:	Foundation:
Pool:	If yes to pool, is there a slide or diving board?	Is the pool fenced with self-locking gate: