

LAURENCE COLE INSURANCE AGENCY

214-823-COLE (2653)

FAX 214-823-3805

AUTO WORKSHEET

NAME: _____

HOW DID YOU HEAR ABOUT US? CLIENT REFERRAL YELLOW PAGES OTHER _____

ADDRESS: _____

RENT/OWN: _____ HOW LONG: _____

PHONE HOME:() _____ WORK:() _____

FAX NUMBER: _____ E-MAIL: _____

DATE OF BIRTH: _____ SS#: _____

DRIVERS LICENSE #: _____ STATE: _____ 1ST LICENSED: ___/___

OCCUPATION: _____ EMPLOYER: _____

TICKETS/CLAIMS/ACCIDENTS: _____

#2. NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ SS#: _____

DRIVERS LICENSE #: _____ STATE: _____ 1ST LICENSED: ___/___

OCCUPATION: _____ EMPLOYER: _____

TICKETS/CLAIMS/ACCIDENTS: _____

PRIOR COVERAGE? COMPANY & POLICY #: _____

VEH #1: (MAKE/MODEL & VIN #) _____

LIEN HOLDER: _____ LEASED: _____

ADDRESS: _____

VEH #2: (MAKE/MODEL & VIN #) _____

LIEN HOLDER: _____ LEASED: _____

ADDRESS: _____

AUTO * HOMEOWNERS * LIFE * COMMERCIAL

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HO/RENTERS WORKSHEET

NAME: _____

HOW DID YOU HEAR ABOUT US? CLIENT REFERRAL YELLOW PAGES OTHER _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME() _____ WORK() _____

FAX NUMBER: _____ E-MAIL: _____

DATE OF BIRTH: _____ SS#: _____

OCCUPATION: _____ EMPLOYER: _____

DATE OF BIRTH: _____ SS#: _____

PRIOR COVERAGE? COMPANY & POLICY #: _____

PRIOR ADDRESS: (WITHIN LAST 2 YRS) _____

ANY LOSSES: _____

AMOUNT OF COVERAGE: \$ _____ MORTGAGE AMOUNT: \$ _____

CREDITS: NON-SMOKER: Y N AGE 50 PLUS: Y N

SECURITY DEVICES: DEAD BOLTS SMOKE ALARM FIRE EXT.

AUTO/HO Y N MONITER ALARM: Y N

TYPE OF DWELLING: PVT DWELLING CONDO APT.

YEAR BUILT: _____ SQUARE FEET: _____ CONSTRUCTION: _____

NO. OF BATHROOMS: _____ FIREPLACES: _____ STORIES: _____

TYPE OF ROOF: _____ AGE OF ROOF: _____

UPDATES: PAINT: _____ PLUMBING: _____ WIRING: _____

SCHEDULE ITEMS: JEWELRY/FURS/FINE ARTS ECT. _____

LIEN HOLDER: _____ LOAN # _____

ADDRESS: _____

TITLE CO: _____ CONTACT: _____

PHONE: _____ FAX: _____