



PROFESSIONAL
SERVICE ASSOCIATES, LLC

Homeowners/Condo/Renters Proposal Request

Please send my personalized rate proposal immediately. I understand that I am under NO OBLIGATION and that the proposal provides me the opportunity to compare Professional Service Associates coverage and rates to my current policy.

COMPLETE EACH QUESTION THOROUGHLY (Please Print)

Name _____ Home Phone _____ Work Phone _____
 Street _____ City _____ State _____ Zip _____
 Date of Birth _____ Occupation _____
 Social Security Number _____ Smoker Yes No
 Years at Current Address _____ Own Rent Do You Live Inside City Limits Yes No - County _____

Year Built _____ Construction: _____ Distanced to Nearest _____ Fire District: _____
 Heated Sq. Footage _____ Brick Frame a. Fire Station _____ miles
 Other _____ b. Fire Hydrant _____ feet

Do you have any of the following devices in your home? (Please check where applicable.)
 Deadbolt Locks Fire Extinguisher Smoke Detectors Central Reporting Burglar Alarm Central Reporting Fire Alarm

Do you currently have insurance coverage? My Home is House Condo Apartment Mobile Home
 Yes No I estimate that I will need the following amount of insurance on my home:
 Name of Insurance Company holding policy: Home's Insured Value: _____

_____ Contents: (Condo/Apt. Only) _____
 Date Policy Expires _____ Personal Liability: \$100,000 \$300,000 Other \$ _____
 Annual Premium _____ Medical Payments: \$1,000 \$2,000 \$5,000 \$ _____
 Have you had any losses in the last five years? Deductible: \$250 \$500 \$1,000 Other \$ _____
 Yes No Over 50 and retired? Yes No

Date	\$ Amount of Loss	Description

HOME INFORMATION (Very IMPORTANT, Please complete)

Yes	No		Yes	No		Yes	No		Yes	No	
		Kitchen			Bedroom(s)			Finished Basement (omit			Attached 2 Car Garage
		Dining Room			How Many? _____			if counted as family room)			Brick/Stone Ext. Walls
		Dinette/Breakfast Nook			Bathrooms (full)			Unfinished Basement			Central Air
		Den or Study/Office			How Many? _____			Fireplace			Unfinished Attic
		Family or Recreation Room			Half Bathroom			How Many? _____			Boat
		Utility or Laundry Room			How Many? _____			Attached 1 Car Garage			Other _____

Is this your primary residence? Yes No 1 Story 2 Story Do you have Umbrella Liability Coverage? Yes No
 Other _____

Do you have valuable items such as Jewelry, Guns, Fine Arts that need to be insured? Yes No
 If additional information is needed what time may we call? _____