

Dale Barton

INSURANCE AND SURETY SINCE 1948

1100 East 6600 South, Suite 400

Salt Lake City, UT 84121

Phone (801) 288-1600

Fax (801) 288-1944

www.dalebarton.com

PERSONAL LINES REQUEST FORM

GENERAL INFORMATION

Name: _____

Mailing Address: _____

Telephone: _____ Email Address: _____

AUTO QUOTE

Current Auto Insurance Carrier: _____ Renewal Date: _____

Current Limit of Liability: _____ PIP (No-Fault) Limit: _____

Year	Make	Model	VIN	Comprehensive Deductible	Collision Deductible

Household Driver Name	Date of Birth	Drivers License # and State	Good Student Discount (Y/N)?

If any drivers under 25, which vehicle(s) do they operate regularly? _____

Are any vehicles driven to work or school? (How far one-way?) _____

Any tickets or accidents in the past three years? (Serious tickets will be on record for five years.) _____

Any auto claims paid in the last three years? (dates, damage description, injury type, and amount paid) _____

PERSONAL LINES REQUEST FORM

HOMEOWNERS QUOTE

Property Address: _____

Date of Birth for Owner: _____

Renewal or Closing Date: _____

Current Limit of Liability: _____

Construction Type (frame, brick, etc.): _____

Approximate Ground Floor Square Footage: _____

Basement (Y/N): _____

Roof Material (asphalt, shake, slate, tile): _____

Is this your Primary, Secondary, or Seasonal dwelling? _____

Homeowners claims paid in the last three years (type and amount): _____

Wood/Coal Stove, Fireplace, or Solar Heating Used? _____

Scheduled Property (list any amounts for Jewelry, Cameras, Fine Art, etc. by type): _____

Current Homeowners Insurer: _____

Cost to Rebuild Your Home: _____

Deductible: _____

Year Built: _____

Number of Stories: _____

Finished Basement (Y/N): _____

Alarm Systems, Smoke Detectors: _____

PERSONAL UMBRELLA QUOTE

Current Insurance Carrier: _____

Current Limit of Liability: _____

Current Premium: _____

Do you own or operate any aircraft? _____

WATERCRAFT/MOTORCYCLE/SNOWMOBILE QUOTE

Year: _____

Model: _____

Size of Motor: _____

Trailer: _____

Current Insurance Carrier: _____

Current Limit of Liability: _____

Years Operating Experience: _____

Boat Length: _____

Water Skiing (Y/N)? _____

Boat Type (Cruiser, Cabin, Open, Sail): _____

Make: _____

Value: _____

Motor Value: _____

Trailer Value: _____

Current Premium: _____

Deductible: _____

Number/Age(s) of Operators Under 25: _____

Boat Top Speed: _____

Hull Material: _____

Motor Type (Inboard, Outboard, I/O): _____