

Panoptic[®] Insurance Auto Fact Finder

Name _____

Home Phone _____

Address _____

Cell Phone _____

Work Phone _____

E-mail Address _____

Source _____

HOUSEHOLD INFORMATION

| Name | Date of Birth | Marital Status | Driver's License | Social Security Number |
|------|---------------|----------------|------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

VEHICLE INFORMATION

| | Year | Make | Model | VIN | Usage | Miles T/F | Annual Mileage | Primary Driver | Anti-Theft |
|----|------|------|-------|-----|-------|-----------|----------------|----------------|------------|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |

TICKETS, ACCIDENTS, OR CLAIMS (5 Years)

| Date | Type of Accident | Payout Amount | Details |
|------|------------------|---------------|---------|
| | | | |
| | | | |
| | | | |

COVERAGE INFORMATION

| | Liability | UN/UIM | PIP/Med. Pay | Comp. Ded. | Collision Ded. | Towing | Rental |
|----|-----------|--------|--------------|------------|----------------|--------|--------|
| 1. | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 4. | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Current Carrier _____

Current Premium \$ _____

Own or Rent _____

Time at Address _____

Prior address if less than three years _____



Panoptic[®] Insurance Home Fact Finder

Name _____

Home Phone _____

Address _____

Cell Phone _____

Work Phone _____

Prior Address if less than 3 years _____

DOB _____

SS# _____

E-mail Address _____

Source _____

HOME INFORMATION

| | | |
|-------------------|--|---|
| Year Built | | |
| Square Footage | | |
| Construction Type | | |
| Foundation Type | | |
| Stories | | |
| Roof Type | | Age |
| Bedrooms | | |
| Bathrooms | _____ Full _____ Half | |
| Number Car Garage | | <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Built-in |
| Fireplace | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many? |
| Swimming Pool | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Diving board <input type="checkbox"/> Slide <input type="checkbox"/> Fenced-in |
| Trampoline | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, is there a net around it? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ATVs | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pets | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what kind? |

Alarm System Yes No

Monitored Yes No If yes, monitored by who? _____

Distance to Fire Hydrant _____ ft.

Distance to Fire Station _____ miles

CURRENT COVERAGES

| Dwelling | Contents | Liability | Medical | Deductibles |
|----------|----------|-----------|----------|-------------|
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Current Carrier _____

Expiration Date _____

Current Premium \$ _____

