

Coffey Insurance Agency

FREE QUOTE INFORMATION SHEET

Please complete the General Information and then the information for the insurance you are requesting.
Fax the completed form to 423.855.9155 or personally deliver or mail it to:
Coffey Insurance Agency, 5102 Highway 58, Suite 1, Box 6, Chattanooga, TN 37416

General Information

Proposed Insured: _____ Spouse: _____

Home Phone: () _____ Work Phone: () _____

Best Time to Call: _____ Best Place to Call: _____

Mailing Address: _____ Physical Address: _____

E-Mail Address: _____

Within city limits? Yes / No

How long at address? _____ Months / Yrs

Own House Own Mobile Home Rent Live w/ parent(s)

Is mobile home 10 years or newer? Yes / No

Insured's employer: _____ How long? _____ Months / Yrs

Spouse's employer: _____ How long? _____ Months / Yrs

Do you have a checking account? Yes / No

Any judgments, liens, collections, repossessions or bankruptcy in last 7 years? Yes / No

When? _____ Describe: _____

Automobile

How many individuals in household? _____

Proposed Insured: DOB ___/___/___

Spouse: DOB ___/___/___

Others in household:

Name: _____ DL# _____ DOB ___/___/___ Drivers Ed: Yes/No "B" Avg: Yes/No

Name: _____ DL# _____ DOB ___/___/___ Drivers Ed: Yes/No "B" Avg: Yes/No

Name: _____ DL# _____ DOB ___/___/___ Drivers Ed: Yes/No "B" Avg: Yes/No

Does anyone in the household require SR22? Yes / No Reason: _____

Insured: Ticket(s) Yes / No _____ Accident(s): Yes / No _____

Spouse: Ticket(s) Yes / No _____ Accident(s): Yes / No _____

Other: Ticket(s) Yes / No _____ Accident(s): Yes / No _____

Ever had a fire or theft loss? Yes / No When? _____ Describe: _____

Any other losses in past 3 yrs? Yes / No Describe: _____

Ever been cancelled, non-renewed or rejected for auto insurance? Yes / No

Describe: _____

How many miles to work: _____ How's your credit? _____

Presently Insured: Yes / No Whom: _____

Continuous coverage for last 6 months? Yes / No Lapsed more than 30 days? Yes / No

Year _____ Make: _____ Model _____ VIN _____ Full/ Liab Lmts _____ Ded _____
Year _____ Make _____ Model _____ VIN _____ Full/ Liab Lmts _____ Ded _____
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Homeowners

Year Built: _____ Square Feet: _____ Miles from fire dept: _____
Acreage: _____ Farming: Yes / No # Head of Livestock: _____
Construction Type: Frame / Brick Veneer / Modular Continuous masonry foundation? Yes / No
Heat Type: Electric / Gas Wood Stove: Yes / No
Smoke Detector: Yes / No Smokers? Yes / No Any fire or theft losses in past 10 years? Y/N
Burglar alarm? Yes / No Monitored? Yes / No Losses in the last 3 yrs? Yes / No
Ever cancelled, non-renewed or rejected for home insurance in 3 yrs? Yes / No _____
Dog: Yes / No Breed: _____ Ever bitten anyone? Yes / No
Swimming pool: Yes / No Fenced with gate: Yes / No Trampoline: Yes / No ATV: Yes / No
Property for sale? Yes / No Business on premises? Yes / No
Describe: _____
Purchase Amt: _____ Coverage Amt: _____ Mortgage Amt/Lien: _____

Mobilehome (in addition to above questions)

Single or Doublewide _____ Length _____ Manufacture Year: _____ Own land: Yes / No
Underpinning: Yes / No Solid Foundation: Yes / No

Life

Husband/Male

Type: Term / Whole
Amount: _____
Health Rating: Excellent / Good / Fair / Poor
Diagnosis: _____
Age: _____
Tobacco? Yes / No

Spouse/Female

Type: Term/Whole
Amount: _____
Health Rating: Excellent / Good / Fair / Poor
Diagnosis: _____
Age: _____
Tobacco? Yes / No